# Northern Tier Regional Library Indemnification Statement

Regional Library Conferlaws and statutes. The R that he/she/they has thor Conference Room Use I	rence Room Use Policy as enter, through this signate roughly read and understa Policy. Any questions rega	guests in connection with the late of event) are subject to the swell as any and all National are directly below this statemends the Northern Tier Region arding these policies were ask the Library so that all policies are	ne Northern Tier I, State and Local tent, acknowledges nal Library ked by the Renter
(Print Your Name)			
(Time Tour Name)			
		(Signature of R	enter)
	INDEMNIFICATIO	ON STATEMENT	
bound, agrees to indemnemployees, from any and and other costs of litigat "indemnified claims"), was or organization named be facilities for the event are indemnified claims which Library and any Norther indemnified claims, which indemnified claims, which is the control of th	oify and hold harmless Nord all liabilities, losses, dansion), claims, demands, and which arise from or relate elow, use of the Northern and at the date described beth arise from any negliger on Tier Regional Library each may be brought by The evitees, visitors or members.	d in this agreement, and intendenthern Tier Regional Library mage costs, expenses (including digudgment, in law or equity in any way to the renter's and Tier Regional Library Center elow, including, without limitance on the part of the Norther employees. This agreement agaird Parties as well as by the Rers (or any of their respective	and its respective ing attorney's fees (collectively d/or renting group or and associated tation, any on Tier Regional oplies to any Renter and/or any
Signature of Renter		Date	
Event Date	Facility	Dat	e Sent
As agent for and behalf	of Renting Group or O	rganization	



## Program Room Request

Name of Organization		
Contact Person		
Address		
City	State Zip Code	
Telephone	Best time to call	
Email		
Date(s)	Time(s)	
Title of Program		
Description of Program		
Number Expected	Is Registration Required?	

Northern Tier Regional Library 4015 Dickey Rd Gibsonia PA 15044 724-449-BOOK (2665)

### Northern Tier Regional Library Alcohol Permit

(For Possession and Consumption of Alcoholic Beverages)

Whenever any individual, group, association or organization desires to use the Northern Tier Regional Library facilities for a banquet, party, theatrical, or entertainment performance, where there will be the consumption of alcohol, the individual or representative of the said group, association or organization must complete all information below prior to the rental date.

Reference Name	Event Date	Time
(last name of person/organization requ	esting the facility)	
Name (Print)		
Phone (Day)		
(Evening)		
Address(Street)		
(Street)	(City)	(Zip)
Approximate number attending the ev	ent	
Specific room(s) this permit covers		
agrees to abide by all the rules and reg condition, and to report to the Library  The applicant shall be solely responsible and regulations as set forth by the Pen Regional Library Conference Room U  I understand that any expenses to North facility, cleaning or other additional en	staff, any damage done during the ble for the enforcement of all alconsylvania Liquor Control Board at see Policy during the use of the factor. Tier Regional Library relates	chol drinking laws, rules, and the Northern Tier cility.
required to cover said expenses.		
The applicant agrees to hold Northern of any nature resulting from the consu attending the permitted event.	•	•
Signature of Renter		Date

#### Northern Tier Regional Library Facility Use Application

This application must be completed and returned to the Northern Tier Regional Library prior to the rental date. The applicant must read the Northern Tier Regional Library Conference Room Use Policy attached to this application and provide all associated documentation, signed and acknowledged that is required. Please make checks payable to "NTRL". All deposits will be returned except as explained in the policy. For additional information, please contact Abby Huber at (724) 449-2665 ext. 24. RESERVATIONS WILL NOT BE HELD WITHOUT COMPLETION OF APPLICATION AND A DEPOSIT. NSF Checks will be subject to a \$30.00 service charge.

## APPLICANT INFORMATION – APPLICANT MUST BE IN ATTENDANCE Applicant's Name\_\_\_\_\_ Address\_\_\_ (City) (State) (Zip Code) (Street) Applicant Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ Applicant Email Address \_\_\_\_\_ Name & Address of Organization Represented\_\_\_\_\_ **EVENT INFORMATION** Type of Event\_\_\_\_\_\_\_ Room(s) Requested \_\_\_\_\_\_ Date of Event Time of Event (Include Setup & Cleanup) From to Total Number Expected\_\_\_\_\_ Caterer Name & Phone\_\_\_\_ (Caterer must be approved by the library) If not using a caterer, will you need use of kitchen? \_\_\_\_\_ Will you serve alcohol? \_\_\_\_\_ Request(s) #\_\_\_\_\_\_Rectangular Tables #\_\_\_\_\_Round Tables #\_\_\_\_\_Chairs \_\_\_\_\_TV/DVD \_\_\_\_\_Piano \_\_\_\_\_Podium \_\_\_\_\_Other A DIAGRAM FOR SET-UP MUST BE INCLUDED IF APPLICABLE