



Riverside Public Library  
 1 Burling Road  
 Riverside, IL 60546  
 708/442-6366 FAX 708/442-9462

**APPLICATION FOR USE OF PUBLIC MEETING ROOMS**

Date of Request: \_\_\_\_\_

Resident Card Holder (Print): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

RIVERSIDE PUBLIC LIBRARY Card #: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Time Event Begins: \_\_\_\_\_ Ends: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Event: \_\_\_\_\_

**Expiration Date (one year from 1st reservation date):** \_\_\_\_\_

The **Public Meeting Room** (34 x 17 feet) seats a maximum of 50 [auditorium style] or a maximum of 35 [around tables]. The **Quiet Reading Room** (24X12 feet) is available for small groups when other rooms are in use. The **Storytime Room** is also available for small groups who need table seating when not being used by the YS Department. Users are responsible for setting up a room (see attached *Procedures*).

There is a \$10/per event charge for all meeting rooms.

Please indicate if light refreshments will be served. \_\_\_ yes \_\_\_ no

There is a \$20.00 additional fee, per meeting, when refreshments are served; users must provide the refreshments.

The Riverside Public Library complies with ADA regulations. Accommodations for a disability for any presentation at the library should be made by all groups using these facilities.

**WAIVER:**

I/we the Undersigned hereby waive and release any claims, causes of action, damages or demands I may have against the Riverside Public Library, its Board of Trustees, and employees thereof arising out of or in connection with my use of the aforesaid room. I further agree to defend and hold harmless the Riverside Public Library, its Board of Trustees, and employees thereof from any claims, causes of action, damages or demands which may be made on account of the aforesaid function. I further agree to assume all responsibility for the conduct and safety of my guests and assume all financial responsibility to make payment to the Riverside Public Library for any damages done to the Riverside Public Library by myself or my guests while in attendance at this function.

I have read and understand the attached Procedures for Use of Riverside Public Library and Its Meeting Rooms, and the Waiver, and will personally guarantee and be responsible for compliance with them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_ \$ \_\_\_\_\_ Room Assigned: \_\_\_\_\_