

**Waiver of Liability:**

I hereby absolve the Library of any responsibility arising from injuries, death, property loss, damage, or theft sustained by any person or entity resulting from or related to the use of the meeting room, the library building or its grounds, including the veranda and parking lots. For its event, meeting or program.

**SIGNED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Regulation Regarding Advertisements of Events or Meetings:**

Copies of any flyers, brochures, posters, or advertisements of the meeting/event/program and any materials to be distributed at the meeting/event/program must be provided to the Library at least two (2) weeks prior to the date of the meeting/event/program and must comply with the following regulations:

- A telephone number must be provided so that persons interested will be able to obtain information without contacting the Library.
- The material must contain the following statement: “The Antioch Public Library District neither sponsors nor endorses this (Meeting/Event/Program) nor the presenting individual or organization.”
- The material must state that the public is invited to attend.
- The material must not promote the products or services of any company.
- The material must indicate compliance with the Americans With Disabilities Act.

I hereby agree to comply with the above advertising restrictions and in so doing commit our organization to this compliance.

**SIGNED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Person Taking Information:**

**Booking Approved/Published:** YES \_\_\_\_\_ NO \_\_\_\_\_

# Antioch Public Library District Meeting Room Reservation Request

757 North Main Street  
Antioch, IL 60002  
847-395-0874 x 293      publicrelations@apld.info

**Conditions of Reservation Request:**

- Meeting Room Reservation Request must be filed one (1) month in advance.
- **No** reservation will be confirmed without:
  1. Completely filled out Meeting Room Reservation Request.
  2. Organization’s Certificate of Insurance showing coverage for meeting site.
  3. Room Deposit.
- Person applying for the use of the room must have a valid Antioch Public Library District Library Card. This same applicant shall be considered the person responsible for the use of the room.
- Library-sponsored activities shall be given priority of use and scheduled events of other organizations may be cancelled to accommodate them. The Library will provide reasonable notice of such cancellation.
- All events or meetings shall be open to the public.
- Meeting rooms may be used only during public Library operating hours.
  - Monday - Thursday:      9:00 a.m. to 9:00 p.m.
  - Friday - Saturday:      9:00 a.m. to 5:00 p.m.
  - Sunday:                      1:00 p.m. to 5:00 p.m.
- Programs must terminate 15 minutes prior to closing and building must be vacated promptly.
- Cancellations must be received at least twenty-four (24) hours prior to the date and time scheduled.
- Permission to serve refreshments must be obtained in advance from the Library Director.
- The meeting rooms must be cleaned up before leaving the building and all equipment or supplies brought in by booking group must be removed at time of departure.
- A deposit for all meeting rooms shall be submitted at the time the application is submitted. If the meeting room is left damaged the deposit shall be applied to the cost of the repair and/or cleaning and the remainder will be billed to the user; otherwise, the deposit will be marked as voided and returned to the applicant.
- The Eide Room may be reserved only once per quarter.
- Users must comply with all applicable provisions of the Americans with Disabilities Act including the providing of a Signer upon request.
- The applicant shall provide the organization’s Certificate of Insurance.
- Availability of reservation dates will not be provided over the phone prior to the submission of required documents.

**1st Date Choice:** \_\_\_\_\_ **2nd Date Choice:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

**Address of Organization:** \_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_ **Number Expected:** \_\_\_\_\_

**Contact Person (please print):** \_\_\_\_\_

**Contact Person’s Library Card #:** \_\_\_\_\_

**Contact Person’s Position in Organization:** \_\_\_\_\_

**Contact Person’s Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person’s Home Address:** \_\_\_\_\_

**Contact Person Signature:** \_\_\_\_\_

**Eide Room Deposit (\$50) Check #:** \_\_\_\_\_ **Other Room Deposit (\$25) Check #:** \_\_\_\_\_

Profit or Commercial Group?	YES	NO
Nonprofit Organization?	YES	NO
Private Individual?	YES	NO