

**ATLANTIC COUNTY LIBRARY SYSTEM
MEETING ROOM APPLICATION FORM**

PLEASE PRINT

Name of Organization: _____

Name and address of person responsible for making application: _____

Telephone number: Primary: _____ Secondary: _____

Email: _____

Type and purpose of Organization (Check 1): ☐ Sanctioned Non-Profit Org. ☐ Atlantic County Government
☐ Other Government Use: Federal, Local, Municipal ☐ Community Group ☐ Study Group, Homeschooling, Tutoring
☐ Internal Library Event/Meeting ☐ Other (please identify): _____

Room requested (Check 1): ☐ Brigantine ☐ Egg Harbor Township ☐ Galloway Township ☐ Hammonton
☐ Mays Landing ☐ Ventnor #201(holds 50) ☐ Ventnor #202(holds 10)

Size of group: _____

Date(s) & time(s) requested: _____

PLEASE NOTE: Meeting rooms are not available before the library opens in the morning. Check individual libraries for evening-hour accessibility.

PLEASE KEEP REGULATIONS FOR YOUR INFORMATION. RETURN THIS FORM WITH YOUR SIGNATURE TO THE BRANCH WHERE ROOM IS REQUESTED.

BRIGANTINE BRANCH brigantinebranch@aclsys.org
201 15th Street South, Brigantine, NJ 08203, (609) 266-0110
M, T, F, SAT 9:30 am-5 pm, W & TH 9 am-8 pm

HAMMONTON BRANCH hammontonbranch@aclsys.org
451 Egg Harbor Road, Hammonton, NJ 08037, (609) 561-2264
M, F & SAT 9:30 am-5 pm, T-TH 9 am-8 pm

EGG HARBOR TOWNSHIP BRANCH eggharbortownshipbranch@aclsys.org
1 Swift Avenue, Egg Harbor Township, NJ 08234, (609) 927-8664
M, F & SAT 9:30 am-5 pm, T-TH 9 am-8 pm

MAYS LANDING BRANCH mayslandingbranch@aclsys.org
40 Farragut Avenue, Mays Landing, NJ 08330, (609) 625-2776
M-W 9 am-8 pm, TH-SAT 9 am-5 pm, Fax #: (609) 625-8143

GALLOWAY TOWNSHIP BRANCH gallowaytownshipbranch@aclsys.org
306 East Jimmie Leeds Road, Galloway, NJ 08205, (609) 652-2352
M, F & SAT 9:30 am-5 pm, T-TH 9 am-8 pm

VENTNOR BRANCH ventnorbranch@aclsys.org
6500 Atlantic Avenue, Ventnor, NJ 08406, (609) 823-4614
M, F & SAT 9:30 am-5 pm, T-TH 9 am-8 pm

AGREEMENT

I have read and understand the regulations governing the use of meeting rooms in the Atlantic County Library System and accept the terms of this contract.

Date

Signature (must be 18 or older)

**OVER
(BOTH SIDES MUST BE FILLED OUT)**

WAIVER AND HOLD HARMLESS AGREEMENT

This waiver and hold harmless agreement is entered into the _____ day of _____, it is given to the County of Atlantic, a Body Politic in the State of New Jersey, hereinafter referred to as "the COUNTY".

This waiver and hold harmless agreement is given by:

Name: _____

Address: _____

hereinafter referred to as "USER".

USER wishes to utilize certain County property and the COUNTY is agreeable to such use without the creation of a contractual relationship, implied or in fact, and without the creation of an employee/employer relationship, and without the creation of a lease; and

USER, in consideration of the mutual covenants and promises contained herein, hereby agrees for himself or herself, his or her successors, assigns and estate, as follows:

1. USER waives any and all claims, demands, causes of action or rights to sue of whatever nature arising out of USER's use of any facility, or grounds for any purpose.
2. It is hereby understood and agreed that USER hereby assumes the entire responsibility and liability for all damages to persons or property caused by, resulting from, or arising from any act or omission on the part of the USER. The USER shall save harmless and indemnify and defend the COUNTY from and against any and all claims arising out of or in connection with any and all such damage, real or alleged; and
3. USER warrants that this waiver and hold harmless agreement constitutes the full agreement between the parties and that there is no contractual relationship implied or in fact between the USER and the COUNTY arising from the use of the premises by USER.

IN WITNESS WHEREOF, the USER has caused this Agreement to be executed on the date and year first written above.

ATTEST:

USER: _____

WITNESS



Atlantic County Executive Dennis Levinson
Atlantic County Board of Commissioners, Richard R. Dase, Chairman

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