

Griggs County Public Library

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www.griggscountypubliclibrary.com

FACILITY USE AGREEMENT

DATE: _____

NAME OF PERSON, GROUP OR ORGANIZATION: _____

DATE(S) REQUESTED: _____

TIME(S) REQUESTED: _____

INTENDED USE: _____

FACILITY TO BE USED: _____

CONTACT PERSON FOR GROUP/ORGANIZATION: _____

PHONE #: _____

WAIVER, RELEASE, AND INDEMNIFICATION

Read this form carefully and be aware that you will be waiving, releasing, and indemnifying Griggs County Public Library for any damage to the facility or liability incurred as a result of its use.

I am fully aware of and understand that damage may occur to the facility and liability may be imputed to the Griggs County Public Library from use of the facility.

On behalf of myself and/or the organization I represent, listed above, I hereby:

1. agree to assume all risk of damage to the facility as a consequence of its use;
2. waive, release, and discharge, Griggs County Public Library, its agencies, officers, employees, and volunteers from any and all liability they may incur resulting from the use of the facility;
3. indemnify, save, and hold harmless Griggs County Public Library, its agencies, officers, employees, and volunteers from any and all claims of any nature, including costs, expenses, and attorneys' fees which may in any manner result from the use of the facility.

This waiver, release, and indemnification shall be construed broadly to provide a waiver, release, and indemnity to the maximum extent permissible under applicable law.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT SPECIFYING MY WAIVER, RELEASE, AND INDEMNIFICATION OF ALL CLAIMS.

Name: (Please Print) _____

Signature: _____ Date: _____