

# SPRING TOWNSHIP LIBRARY ASSOCIATION

## Meeting Room Policy

### I. General Policy

The Spring Township Library Association ("STLA") currently has one meeting room (the "Room") available for occasional use by individuals, businesses, community groups and organizations residing in or serving the community which the STLA serves which propose to use the Room for educational, cultural, intellectual or charitable activities pursuant to this Policy (each an "Applicant" and collectively, "Applicants"). The Room is located in the West Lawn/Wyomissing Hills Library Branch and is referred to as "Ann's Room". This Room is used primarily for programs and events sponsored by the STLA or its Friends of the Library groups. Although the needs of the STLA and Friends of the Library groups take priority over the use of the Room by Applicants, it is the policy of the STLA that the Room should be made available, subject to conformity with this Policy, by Applicants on an equitable basis, regardless of the beliefs or affiliations of the individuals, businesses, community groups and organizations requesting the Room's use.

The Board of Directors of the STLA reserves the right to grant or withhold permission to use the Room based upon this Policy and the best interests of the STLA. The STLA reserves the right to change this Policy from time-to-time. The use of the Room by any Applicant does not constitute an endorsement by the STLA of the Applicant, its use of the Room or any of the Applicant's activities, nor does the grant or permission of the STLA constitute to use the Room the promotion by the STLA of the objectives of the Applicant.

### II. Conditions

- a. In order to request use of the Room, each Applicant must fully complete, sign and submit to the STLA an application in the form prescribed by the STLA (an "Application") at least 10 days prior to the requested date of the use of the Room.
- b. The Applicant may use the Room only for educational, cultural, intellectual or charitable activities and in a manner consistent with this Policy.
- c. The Room may not be used for any purpose or for any activity that is illegal, unsafe or interferes with the efficient functioning of the STLA.
- d. As a condition to the use of the Room, at least 10 days prior to the requested date of the use of the Room, each Applicant must in form satisfactory to the STLA: (1) fully release the STLA, the Township of Spring and their respective supervisors, directors, employees, agents and representatives of all potential claims and liabilities; (2) agree to indemnify and hold harmless the STLA, the Township of Spring and each of their respective supervisors, directors, employees, agents and representatives from any and all claims arising out of or pertaining to the Room, the use thereof, or cancellation of such use, and/or the building in which the Room is located; (3) provide the STLA with a Certificate of Insurance naming the STLA and the Township of Spring as additional insureds; (4) agree to abide by this Policy and all other policies, rules and regulations

- which the STLA shall from time-to-time adopt; and (5) deliver and execute such other documents as the STLA shall require.
- e. The Room may only be used by an Applicant during the period of time when the West Lawn/Wyomissing Hills Branch of the STLA is open to the general public, and must vacate the Room at least (15) minutes prior to closing time of the West Lawn/Wyomissing Hills Branch.

### **III. Regulations**

- a. If the Applicant is an individual, the Applicant must be at least 18 years of age, of good reputation and the holder of a Berks County Public Library System card in good standing with less than \$5.00 of fines and fees owing as of the date of the Application.
- b. If the Applicant is other than an individual, the Applicant shall provide such verifying information and documentation as the STLA shall require.
- c. The Applicant shall at all times have at least one adult individual in the Room who shall be responsible for all activities within the Room including the behavior of all minors.
- d. The Room seats approximately 40 individuals in chairs, or approximately 32 individuals around tables. In no event shall maximum occupancy of the Room exceed 49 persons.
- e. Upon concluding its use of the Room, the Applicant shall leave the Room in a clean and orderly condition with nothing attached to walls, ceilings, or furniture.
- f. Smoking in any form in the Room is prohibited.
- g. No alcoholic beverages of any nature are permitted in the Room.
- h. STLA reserves the right to cancel any use of the Room by an Applicant due to natural disaster, power failure, inclement weather, emergency or other circumstance which, in the STLA's sole opinion, makes the use of the Room unsafe or in violation of applicable law.
- i. Under no circumstance shall the STLA be liable to the Applicant or any other person for any losses of any nature arising out of the cancellation of use of the Room.
- j. Under no circumstance is any staff of the STLA available to assist the Applicant or operate equipment.
- k. The Applicant must provide its own supplies.
- l. The cost to repair any damage to the Room is the responsibility of the Applicant and a basis for prohibiting further use of the Room by the Applicant.
- m. Any exceptions to this Policy are at the sole discretion of the Board of Directors of the STLA or the Branch Manager of the West Lawn/Wyomissing Hills Branch of the STLA.

### **IV. Donations**

There is no charge for use of the Room. However, a donation to the STLA to help defray maintenance, utility and staff costs is strongly encouraged.

## West Lawn/Wyomissing Hills Library

101 Woodside Ave. West Lawn, PA. 19609

Phone: 610-678-4888 Fax: 10-678-9210

### Ann's Room Reservation Form

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Program Information:

Description: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Time Requested: From \_\_\_\_\_ To \_\_\_\_\_

#### Statement of Responsibility:

I have read the STLA Meeting Room Policy and agree to abide by these and all other terms and conditions as set forth and hereby acknowledge receipt of the Policy. I understand the group shall assume financial responsibility for any equipment, clean up damages, overtime salaries or any other expenses incurred by the STLA. I understand the meeting room may not be used for solicitation to the public. I understand that we will be responsible for our group and its guests while using the library facilities. I agree to report any injuries or accidents occurring on the premises.

#### Hold Harmless:

The requesting organization hereby agrees to indemnify, defend and hold harmless the STLA, its board members, employees and volunteers from any and all liability, claims, and damages (including personal injury) as a result of use of the library.

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

Print Name: \_\_\_\_\_

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#### STAFF USE ONLY:

Date/Time Scheduled: \_\_\_\_\_

Donation Collected: N/A \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card: \_\_\_\_\_

Certificate of Insurance: Yes, attached \_\_\_\_\_ N/A \_\_\_\_\_

Date Confirmed: \_\_\_\_\_ Staff Signature: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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