

Liability Waiver/Indemnification Agreement

I have received, read, understood, and agree to comply with the Central Islip Public Library Meeting Room Policy.

I hereby fully release and discharge the Central Islip Public Library, its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with Meeting Room use in the Central Islip Public Library.

I further agree to indemnify and hold harmless and defend the Central Islip Public Library, its officers, agents and employees from any and all claims resulting from injuries, including death, damages and losses, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with Meeting Room use in the Central Islip Public Library.

Signature of Representative of Organization / Title

Persons reserving the Meeting Room must be at least eighteen years of age. (Please list here the information for the responsible party signing the Liability Waiver/Indemnification Agreement.)

Name: _____

Address: _____

Phone: _____