

<input type="checkbox"/> Program Room	<input type="checkbox"/> Meeting Room A
Rate: \$25/hour or \$120 full day Non-Profit Rate: \$12.50/hour Capacity: 40 chairs, 15 rectangular tables Availability: Library open hours only Features: Flooring, unisex bathroom, (40" TV with VDA inputs & DVD player optional)	Rate: \$27.50/hour or \$137.50 full day Non-Profit Rate: \$12.50/hour Capacity: 16 chairs, 6 rectangular tables Availability: Library open hours and after closing (Hours avail. after closing varies) Features: Whiteboard, projection screen, sink, (40" TV with VGA inputs & DVD player)
<input type="checkbox"/> Meeting Room B	<input type="checkbox"/> Meeting Room C
Rate: \$20/hour or \$120 full day Non-Profit Rate: \$12.50/hour Capacity: 10 chairs, 4 rectangular tables Availability: Library open hours only Features: Whiteboard, 65" 4K 3D Curved Smart TV with HDMI ports & DVD player	Rate: \$20/hour or \$120 full day Non-Profit Rate: \$12.50/hour Capacity: 10 chairs, 4 square tables Availability: Library open hours after 5:00pm, and library open hours on weekends

*Non-profit: A registered nonprofit organization such as a charity or society.

Equipment	Refreshments
<input type="checkbox"/> TV/DVD Player <input type="checkbox"/> Easel (paper/pens not provided) <input type="checkbox"/> Podium	<input type="checkbox"/> Coffee - \$1/person-Qty____people <input type="checkbox"/> Assorted Beverages – bottled water, juice, pop, coffee, tea \$3/person-Qty____people <input type="checkbox"/> Light Snacks - \$5/person-Qty____people <input type="checkbox"/> Catered Lunch - \$18/person-Qty____people (minimum 1 week advanced notice required)
NOTE: Library staff are not available to assist with technology, equipment setup or troubleshooting. Please ensure booking is early enough to test your equipment prior.	

Other Requirements/Notes:

OFFICE USE:

To guarantee bookings: prior payment, signed contract, and proof of insurance is required.

Total time: _____(hrs) X \$ _____ = \$ _____
Refreshment Total: _____(people) x \$ _____ = \$ _____
TOTAL* \$ _____

*Any additional charges incurred will be invoiced following the booking.

Damage Deposit Authorized (if required) \$ _____ Auth # _____

Staff Member Assigned on Date of Booking: _____

<u>OFFICE USE</u>
DATE PAID: _____
PAID BY (Circle One): CHQ / CASH DEBIT / VISA / MC Auth # _____

RENTAL TERMS & CONDITIONS

1. Lessees will check-in with their assigned contact before and after their booking.
2. Cancellations must be received within 24 hours of room use or a \$20.00 fee will apply.
3. The room must be clean and in the same condition as you found it. Furniture should be replaced to its original location. A preauthorized deposit of \$100.00 may be required at the discretion of the Library Director. Any damages or cleaning may be subject to additional charges.
4. Smoking is not permitted pursuant to Bylaw C-470-03.3
5. Users may not disrupt the use of the library by others. Persons using the meeting rooms are subject to all library rules and regulations.
6. Granting permission to use the library facilities does not constitute an endorsement of the group or its beliefs by the library.
7. The library reserves the right to refuse or limit the use of the meeting rooms to any group.
8. The library cannot provide storage space for materials or equipment at any time. The library is not responsible for injury, articles, or equipment left in the room.
9. Library and Art Gallery programs are given first priority for the meeting Rooms.
10. The lessee signing the contract must be eighteen (18) years of age or over and by signing this contract assume full responsibility and liability for the function and those involved in the function. Any vandalism, rowdy behavior or extended use of allotted time may be subject to additional charges or loss of privileges.
11. **All third party lessees will ensure they have appropriate liability insurance and/or Party Alcohol Liability Insurance and further that The Spruce Grove Public Library, The City of Spruce Grove, their directors or employees will not be held liable for any injuries, including claims that could occur due to food and liquor consumption. The lessee will need to provide the Library with a copy or certificate of insurance indicating that they have all appropriate liability coverage and proof of insurance covering damage to premises rented by the lessee.**
12. When supplying your own liquor, you must obtain a liquor permit and post this license in the rented space. If you fail to do so, we will not allow liquor to be served.
13. The lessee agrees to indemnify and save harmless the Library and the City of Spruce Grove from and against all claims, demands, losses, costs, damages, actions, suits or proceedings arising out of, or in any way related to the rental of the facilities under this agreement. Without restricting the generality of the foregoing, the lessee shall be responsible for any loss or damage to the facility property or equipment, howsoever caused arising out of the rental of the facility under this agreement.

I hereby agree to the terms and conditions as indicated in this agreement.

Lessee Signature	Date	Staff Signature	Date

See Reverse for Orientation Checklist. (Completed on the day of the Booking)

ORIENTATION CHECKLIST (Completed on the day of the Booking)

The Lessee (signed below) is responsible for communicating safety information to group, performed prior to use (posted in room).

- | | |
|--|--|
| <input type="checkbox"/> Identify Fire Exits, Extinguishers and Evacuation Routes | <input type="checkbox"/> Setup & Take Down Procedures |
| <input type="checkbox"/> Phone Location – Dial 9 For Outside Line | <input type="checkbox"/> Staff Areas vs. Public Areas |
| <input type="checkbox"/> Emergency Response Procedures – Dial 9 For an Outside Line and Call 911 | <input type="checkbox"/> After Hours – Library Will be Locked Off |
| <input type="checkbox"/> Emergency Contact After Hours Only – Dial 9 For an Outside Line 780-886-0115 | <input type="checkbox"/> Supplies & Equipment Verified |
| <input type="checkbox"/> After Hours Use – Ensure South Door is Closed and Locked upon Exiting the Building | <input type="checkbox"/> Room Must be Clean and Returned to its Original State or Additional Cleaning Charges will be Invoiced |
| | <input type="checkbox"/> Muster Point |

I have received an orientation and understand appropriate use of Library space. Initials:

ROOM CHECK-OUT

Completed by (Name of Staff): _____

Subject to additional charges? YES / NO

- Room Clean and Returned to its Original State
- Furniture & Equipment free of damage
- Room Locked

If yes, provide details: _____
