



## COMPUTER LAB CONTRACT

I, the undersigned, hereby apply for the use of the Computer Lab at the Fairhope Public Library and, in connections with said application, furnish the following:

1. Date/Day Requested: \_\_\_\_\_ Hours: From \_\_\_\_\_ to \_\_\_\_\_ (including room set up and break down time).

**\*\* ALL MEETINGS MUST ADJURN 15 MINUTES PRIOR TO LIBRARY CLOSING \*\***

2. Name of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person and capacity/title: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Approximate number of persons expected: \_\_\_\_\_ Adults \_\_\_\_\_ Minors

If a youth group, how many adult sponsors will be in attendance? \_\_\_\_\_

(One adult per eight children is required)

4. Type of program or class: \_\_\_\_\_

5. Lab has 15 computer workstations each with a chair and one instructor's laptop with projector capability.

Additional equipment needed: \_\_\_\_\_ # of chairs (maximum of 10) \_\_\_\_\_ Dry erase board

6. Additional technical assistance required (Fees apply; see Fee Schedule).

\_\_\_\_\_

\*Request for software installation: \_\_\_ Yes \_\_\_ No

Name of software: \_\_\_\_\_

# of copies to be installed: \_\_\_\_\_

**\*Only licensed software or freeware may be installed. All software becomes the property of Fairhope Public Library after installation. Software must be received two weeks prior to date of class.**

7. Reservation will not be made until contract is signed and the Library has received payment for all fees.

I stipulate that I have read and understand all the rules and regulations for the use of the Computer Lab at the Fairhope Public Library. By signing this application, I agree that the facility will be used in conformity with these rules and regulations. I agree to accept total responsibility for any property damage to the meeting room and its contents and to see that groups have proper adult supervision. It is hereby also understood that Library activities have priority for the use of the stated meeting rooms.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### **COMPUTER LAB USAGE CANCELLATION POLICY**

Fee must accompany the contract. The Library will provide confirmation or reservation within three (3) business days. The library reserves the right to cancel the reservation. All cancellations and/or date changes must be in writing and signed by the same person who signed the application and must be submitted no less than seven days prior to the event. Cancellation fee refunds will be made by check and delivered by mail. Seven days notice of cancellation is required for refund of fees.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### **INDEMNITY AND HOLD HARMLESS AGREEMENT**

In consideration of the permission granted to me by the Fairhope Public Library to use the Computer Lab of the Fairhope Public Library, I hereby indemnify and hold harmless the City of Fairhope, the Fairhope Public Library, the Library Board of Trustees, the Library Director and their agents, servants and employees from any and all claims and causes of action that may arise from injury to me or third parties using the facilities at Fairhope Public Library who are injured and suffer property damage that is any way cause by my use of the Computer Lab of the Fairhope Public Library. This indemnity and hold harmless agreement is given to the Fairhope Public Library to protect the City of Fairhope, the Fairhope Public Library, the Library director and their agents, servants, and employees from the cost of defense and claims for injuries and damages that may be caused either directly or indirectly by my use of the Computer Lab.

I affirm that I am authorized to bind this organization to this contract and hold harmless agreement.

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

**Library Use Only:** \$\_\_\_\_\_ Fees Paid \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_