

Application for Meeting Room Use

Breckenridge Grand Vacations Community Center and Summit County South Branch Library

Applicant Name: _____

Organization: _____

Contact Phone Number: _____ **Email:** _____

Mailing Address: _____ **City:** _____ **State/Zip:** _____

Event Name and Description: _____

Number of Participants: _____

Date(s) and Times of Meeting: _____

Audio/Visual Equipment Available: Dry Erase Board & Markers, Conference Phone, Microphone(s), 90" Display screens in Hopefull & Discovery, HDMI Cable, VGA Cable, Assisted Listening Devices, Blu-ray player. **Please reserve items at time of booking. Some require checkout with a Summit County Library Card.**

Damage Deposit: \$100 damage deposit is required for all room rentals; \$300 for events serving alcohol. Deposit checks may be returned after room rental or kept on file for the current year. All checks will be shredded (unless requested to be returned) at end of year if no additional fees are incurred.

Amount Received _____ **Check #** _____ **Dated** _____ **Returned** _____

Alcohol at events: A Request for Approval of Alcohol and \$1.2 million liability insurance must be submitted and approved by the County. **See Page 2** for further instructions.

Breckenridge Grand Vacations Meeting Room Rates

Hopefull or Discovery Room	Expanded Hopefull/Discovery Room	Harris St. Kitchen	Tip Top Room
\$25/hr – Community & Non Profit \$50/hr - Private	\$50/hr – Community & Non Profit \$100/hr - Private	No Additional Charge with Meeting Room Rental	\$10/hr
<ul style="list-style-type: none"> • 20-person capacity with tables & chairs • 11 Tables/50 Chairs • 90" Display Monitor • Dry-Erase Boards • Conference Phone & Microphones available 	<ul style="list-style-type: none"> • 50-person capacity with tables & chairs • 22 tables/100 chairs • 2 90" Display Monitors • 2 Dry-Erase Boards • Conference Phone & Microphones available 	<ul style="list-style-type: none"> • <u>Must bring own cleaning supplies</u> • Warming Oven • Microwave • Dishwasher • Refrigerator & Freezer • Sinks & Counters 	<ul style="list-style-type: none"> • 8-person capacity • Conference Table & 8 chairs • Dry-erase board • Conference Phone & Projector available

>>>> Please see Page 2 for Additional Information >>>>

ALL Room Applicants - Read, Initial and Sign Full Name below:

Application for Meeting Room Use

_____ I have received, reviewed, and agree to comply with the regulations set forth in the Breckenridge Grand Vacation Community Center and Summit County South Branch Library Meeting Room Use and Fee policies.

_____ I agree to indemnify and hold harmless Summit County Government for all claims arising out of the use of the BGVCC & South Branch Library, including personal injury, bodily injury, and property damage claims. I understand that private property brought onto County grounds is the sole responsibility of the owner. The County assumes no responsibility for damage to or loss of private property or for personal injury that may occur on County property.

_____ I understand and take full responsibility for leaving the room in good condition, **including returning tables/chairs to the configuration provided in room layout diagram. I understand that a \$25 fee will be assessed for rooms not left in standard configuration.**

_____ I understand that no maintenance or IT support will be available for the meeting rooms outside of library hours.

_____ I understand that by filling out this application, I agree that I will be present at the event.

_____ I understand I cannot store materials or office supplies in the meeting room outside of my reserved hours.

_____ All information in this application is complete and accurate.

By signing below, I acknowledge and understand that Summit County Government does not provide any insurance coverage for the public use of County meeting rooms. As such, it is my responsibility to obtain the proper insurance for this event/meeting and participants. Should I chose not to insure this event/meeting, I will inform the participants of my decision and all associated risks of such decision. I further acknowledge and understand that should I choose not to obtain insurance, I may be personally liable for any accidents and/or injuries that occur during this event/meeting.

Applicant Signature: _____ Date: _____

All events involving the service/consumption of alcohol must have the express permission of Summit County Government and be in accordance with applicable permits issued by the Town of Breckenridge.

A separate *Request for Approval of Alcohol Use* must be submitted at least 30 days prior to the event.

Contact a meeting room manager to request this form.