



County Commissioners:
 Eric S. Wargotz, M.D., Countywide
 Courtney M. Billups, District 1
 Paul L. Gunther, District 2
 Gene M. Ransom III, District 3
 Carol R. Fordonski, District 4

Local Management Board:
 W. Paul Stearns, President
 L. Michelle Johnson, Vice President
 Roseann Squire, Treasurer
 Michael R. Clark, Director

CONFERENCE ROOM USAGE AGREEMENT

WAIVER User knows understands and acknowledges the risks and hazards associated with using the Community Partnership's for Children and Families Office hereby assumes any and all risks and hazards associated therewith. User hereby irrevocably waives any and all claims against the Queen Anne's County Community Partnerships for Children and Families and the Queen Anne's County Government or any of its officials, employees or agents for any bodily injury (including death), loss or property damage incurred by the user as a result of using the Community Partnership's Office and hereby irrevocably releases and discharges the Queen Anne's County Government or any of its officials, employees or agents from any and all claims of liability arising out of or associated with the use of the Queen Anne's County Community Partnerships for Children and Families Office.

INDEMNIFICATION User shall indemnify and hold harmless the Queen Anne's County Government and the Queen Anne's County Community Partnerships for Children and Families and its liabilities, judgments, settlements, losses, costs or charges (including attorney fees) incurred by the Queen Anne's County Government or any of its officials, employees or agents as a result of any claim, demand, action or suit relating to any bodily injury (including death), loss or property damage caused by, arising out of, related to or associated with the use of the Community Partnership's Office by the user or by the user's members, employees, agents or invitees.

PROPERTY DAMAGE User shall pay the Queen Anne's County Queen Anne's County Community Partnerships for Children and Families for any and all physical loss or damage to the Community Partnership's Office (including the cost to repair or replace the property) caused by, arising out of, relating to or associated with the use of the Community Partnership's Office by the user or by the user's members, employees, agents or invitees.

PROPERTY USAGE User accepts responsibility for everyone and to enforce the rules of this agreement with all others participating in this event. For confidentiality and safety purposes of the daily work of the Community Partnerships for Children and Families, the user understands that no one using these facilities under the terms of this agreement shall go into other areas of the office, except for the restroom unless otherwise described below. These areas include but are not limited to: the reception desk in the middle of the office, the kitchen area, the refrigerators, the copier, and any of the five adjoining offices. Exceptions: _____

 Signature

 Date

Please Sign and or deliver to 320 Pennsylvania Ave. Centreville MD 21617 or
 Fax to: (410) 758-6904.



P.O. Box 418
 Centreville, MD 21617
 Phone: 410-758-6677
 Fax: 410-758-6904
www.communitypartnerships.info

CONFERENCE ROOM USAGE

Requesting Organization _____

Representative _____

Address _____

Home Phone _____

Work Phone _____

Number in Group _____

Type of Activity _____

Date of Event _____ Start Time _____ Finish Time _____

Room (s) Reserved _____ Frequency of Use _____

Off Hours Room Usage KEY REQUIRED:

If the room request is for a time in which the office is closed a person must be designated to pick up a key during the day of the event and return it the next business day afterwards. **The key must be obtained and returned between 8:30 a.m and 4 p.m. on days the office is open. If multiple dates or times are requested the key must be returned after each conference room use.**

Person Picking up Key _____ Date & Time _____

Person Dropping Off Key _____ Date & Time _____

Usage Fees:

Fee: \$ _____

Kitchen: \$ _____

Security: \$ _____

Please use separate check for security deposit.

For Office Use Only

Fees: _____

Date Received: _____

Security Deposit: _____

Date Returned: _____

Person Opening and Closing _____

Attached Agreement Signed _____ Yes _____ No

Certificate of Insurance _____ Yes _____ No

Key Returned _____ Yes _____ No