



Room Rental/Proctoring of Examination Agreement

Name	
Company/Organization	
Telephone Number	
Email	
Type of Event/Purpose	
Number of Participants	
Exam (Online or Paper)	
University/College Name	
Date of Event	
Start & End Times	
Room (Activity or Study)	
Special Requirements	
Charge	
Payment Amount, Payment type (Cash, cheque, debit), Staff Initials, Date	

I _____ have read and accept the terms and conditions of the Muskoka Lakes Public Library's Room Rental Policy OP-11 _____ and/or Proctoring of Examinations Policy OP-12 _____.

I understand and accept that Library staff reserve the right to refuse any room rental/examination proctoring that does not comply with the policies of the Library.

I agree to hold the Library harmless for any loss, damage, liability, costs, and /or expenses that may arise during, or to be caused in any way, by such use of the Library facility

Applicant's Signature _____ Date _____