

Reservation Form for Imagine!'s John Taylor Conference Center

Date Needed _____

Expected Attendance _____

Time Needed _____
(from-to, please include set-up and clean-up time)

Actual time of event (from-to) _____

Name of Group _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Telephone/Work _____

Telephone Home _____

Name of person paying for the room _____

Purpose of Meeting: _____

Will food or beverages be served? _____

What equipment will you need?

Whiteboard ___ Projection Screen ___ LCD projector ___ Phone ___

Coffee maker ___ TV ___ VCR/DVD ___ Internet access ___ Wireless internet access ___

NOTE: There is a \$25 charge for internet access.

Other (please explain) _____

Please sign to indicate that you agree to the following:

Liability Waiver/Indemnification Agreement

I have received, read, understood, and agree to comply with Imagine!'s Meeting Room Rental guidelines.

I hereby fully release and discharge the Imagine!, its officers, agents, and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with, the above meeting(s) in Imagine!'s John Taylor Conference Center.

I further agree to indemnify and hold harmless and defend Imagine!, its officers, agents and employees from any and all claims resulting from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with, the above meeting(s) in Imagine!'s John Taylor Conference Center.

Signature _____

Printed Name _____ Date _____