

REQUEST FOR PERMISSION TO SERVE ALCOHOL
ON SUBLETTE COUNTY LIBRARY PROPERTY

Name of Event: _____

Date of Event _____

Event start time: _____ Event end time: _____

Sponsoring organization/individual: _____

Person making the request: _____

Telephone: _____

Event is scheduled in:

- Lovatt Room
- Pinedale Board Room

- Big Piney Community Room
- Big Piney Board Room

Description of event: _____

If there is a cash bar, or any other fee charged for the event and it includes alcohol, you are required to obtain an open container permit from the town. Please return a copy of the permit to our office for final approval of the event.

Contact: Pinedale Town Clerk @ (307) 367-4136

Big Piney Town Clerk @ (307) 276-3554

All activities involved with this planned event will be in accordance with the applicable meeting room policies, procedures, and regulations. This authorization is contingent upon complete adherence to all pertinent laws of this state and local ordinances.

Food and non-alcoholic beverages are required at events serving alcohol.
What food will be available, and who is providing the food?

_____ Initial : The responsibility for age verification and ensuring responsible drinking at the event rests on the sponsoring organization/individuals. All alcoholic beverages must be under the supervision of a person at least 21 years of age at all times.

The sponsoring organization/individual will post one 8 1/2 x 11” sign at each bar. It will state that alcohol will not be served to persons under age 21. (This sign will be supplied by the library.)

Signature of Sponsor’s Representative:

_____ Date _____

A completed Waiver of Liability/Assumption of Risk/Indemnification Agreement must be completed and attached. (See attached form)

Additional comments:

OFFICE USE ONLY

Approved Not Approved Waiver of Liability Attached

Comments:

Signature, Library Director or designee:

_____ Date _____

**WAIVER OF LIABILITY/ASSUMPTION OF RISK/INDEMNIFICATION
AGREEMENT**

PLEASE READ AND SIGN

1. _____ (hereinafter "Releasor") HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Sublette County (hereinafter "County") for any claim arising out of the use of the Sublette County Library for the purposes listed herein. The County, its officers, employees and assigns, are released from all liability FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR DEATH ARISING OUT OF THE USE OF THE SUBLETTE COUNTY LIBRARY, WHETHER CAUSED BY THE NEGLIGENCE OF THE COUNTY OR OTHERWISE.

2. Releasor HEREBY AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS the County FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) LISTED HEREIN, WHETHER CAUSED BY THE NEGLIGENCE OF THE COUNTY OR OTHERWISE.

3. Releasor HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) LISTED HEREIN, whether caused by the NEGLIGENCE OF COUNTY OR OTHERWISE.

4. Releasor HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts related to the use of the Sublette County Library and is intended to be as broad and inclusive as is permitted by the laws of the State of Wyoming, and that if any portion of this waiver is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

[THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed name-Title

Signature

Date

STATE OF WYOMING)
) ss
COUNTY OF SUBLETTE)

The foregoing Waiver of Liability/Assumption of Risk/Indemnification Agreement was subscribed and sworn to before me this __day of _____, 20__, by _____.

Witness my hand and official seal.

Notary Public

My Commission expires: _____