

**Highland Public Library  
Tutoring Form**

Name of Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Hours**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\* Please sign in prior to beginning session

I have read the Highland Public Library Tutoring Policy, and I agree to abide by its rules and regulations and to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the space. I agree to indemnify and hold harmless the library and all its officers, employees, and agents from any and all claims, demands, suits, causes of action or judgements, any person may have as a result of any damages suffered while utilizing the space.

Signed: \_\_\_\_\_

Received by Library Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_