

Virtual Reality Waiver of Liability Superior District Library

This agreement releases Superior District Library from all liability relating to injuries that may occur during the normal use of our equipment. By signing , I agree to hold Superior District Library entirely free from any liability including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I acknowledge the risks involved in the use of virtual reality equipment. These include, but are not limited to, dizziness, nausea, motion illness, etc. I understand that while wearing the virtual reality headset, I will not be able to see my real-life environment and I agree to use caution as a result. I agree that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

Virtual Reality is not recommended by the manufacturer of Oculus Go for children under the age of 13 and Superior District Library and affiliates observe these recommendations. Minors under the age of 18 will **NOT** be allowed to use VR equipment without a parent or legal guardian signature.

By signing this liability waiver, I forfeit all right to bring a suit against Superior District Library and/or its affiliates. In return, I will receive permission to use the library VR equipment. I will also make every effort to obey safety precautions as listed below and explained to me verbally. I will ask for clarification when needed.

1. VR use must take place in a visible area in the library (such as the reference section at Les Cheneaux Community Library), unless as part of an organized program.
2. Sign out headset at the circulation desk. Return when finished.
3. Remain seated while wearing the headset.
4. No more than 3 people allowed in the VR area at one time.
5. Please do not download any programs to the unit or change any settings.
6. Session time is limited to 15 minutes per person. (Time may be extended if there is no one waiting to use the equipment.)

I understand that I must sign this Release of Liability in order to use this device.

Participant name (please print) _____

Participant (or parent/guardian) email _____

Is the participant under the age of 13? : ____ Yes ____ No If yes, what is the age?: ____

Participant (or parent/legal guardian) signature: _____

Date _____

Adopted February 28, 2019