



### EQUIPMENT USE RELEASE OF LIABILITY

Due to the unpredictable nature of the human response to virtual reality (dizziness, nausea, seizures, fear of heights, bumping into objects, etc.), we require all participants to sign this waiver releasing Winter Park Library from any liability regarding your use of the Oculus Quest 2.

Adults and minors ages 13–17 are welcome to experience Winter Park Library's virtual reality curriculum. Our helpful library staff will guide you through your virtual reality experience providing a brief overview, instructions on using the controllers, and adjusting the VR goggles before you begin to discover a whole new world.

Oculus VR, LLC **does not recommend** that children under the age of 13 use the VR headsets.

#### HEALTH & SAFETY ADVISORY

For your safety, if you have any of the following conditions, you should not participate:

- You are prone to motion sickness.
- You have impaired balance or conditions that affect your ability to safely perform physical activities.
- You have heart, orthopedic or other serious medical conditions.
- You have a pacemaker and/or other implanted medical devices.
- You are or may be pregnant.
- You have a history of photosensitive seizures.
- You have been diagnosed with an anxiety disorder or post-traumatic stress disorder.

#### **PLEASE STOP USE OF THE VR EQUIPMENT IF YOU FEEL ANY DISCOMFORT WHATSOEVER.**

By using the Library's Oculus Quest 2 headset, you are indicating your acceptance of the terms and conditions of this agreement.

I (or my child) wish to use the Library's VR headset. I recognize and understand that the use of a VR headset involves certain risks.

1. I am using the VR equipment voluntarily.
2. I assume all the physical, psychological, and financial risks associated with the use of VR equipment. 3. By signing this agreement, I acknowledge that I have read and understood all the terms of this release form and that I am voluntarily giving up substantial legal rights, including the right to sue Winter Park Library or its employees.
3. I am the parent or legal guardian of the minor named below and thereby have the legal right to consent to the terms and conditions of this Release of Liability.

Participant name (please print) \_\_\_\_\_

Participant signature: \_\_\_\_\_

Parent or legal guardian name (please print): \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_