



Each participant must complete and return this form before participating in **Virtual Reality at the Library**. After filling out this waiver, adults and minors ages 14+ are welcome to attend **Sonoma County Library's Introduction to Virtual Reality** and subsequent programs involving the **HTC Vive/Oculus Rift/Oculus Go VR Headset**. 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

NAME OF PARTICIPANT _____

DATE _____

LOCATION _____

PLEASE FILL OUT THE SECTION BELOW IF REGISTERING A MINOR WHO IS 14-17 YEARS OLD

I, _____ the parent/ legal guardian of _____
age _____ give permission for him/her to participate in the **Virtual Reality at the Library** program at
Sonoma County Library.

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.

ATTENTION You on behalf of yourself, or any minor (ages 14-17) that you agree to give permission to participate by registering for **Virtual Reality at the Library**, a **Sonoma County Library** program (collectively "you"):

- Understand that you will be engaging in activities that could involve risk of injury.
- Voluntarily assume all risk and danger of personal injury (including death) and all hazards arising from, or related in any way to this activity, whether occurring prior to, during, or after the activity, howsoever caused and whether by negligence or otherwise.

I give my consent to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children. I have read the safety advisory and warning and understand that by signing, I voluntarily assume all risks in participating on behalf of myself or minor listed above.

Signature _____ Date _____