



## Virtual Reality Release of Liability

Approved by the Piedmont Regional Library System Board of Trustees, October 2018

Due to the unpredictable nature of the human response to virtual reality, the Piedmont Regional Library System requires that all participants sign this form releasing its member library from any liability regarding your use of the virtual reality (VR) headset.

**Remember: please stop use of the VR equipment if you feel any discomfort whatsoever.**

By signing this release and using the library’s VR headset, you are indicating your acceptance of the terms and conditions of this release.

1. I am using the VR equipment voluntarily.
2. I understand that many manufacturers of VR systems, like Oculus VR, LLC, do not recommend that children under the age of 13 use VR headsets.
3. I assume all of the physical, psychological, and financial risks associated with the use of VR equipment.
4. I acknowledge that I have read and understood all of the terms of this release form and that I am voluntarily giving up substantial legal rights. I covenant not to sue and agree not to pursue any claims against the Library and its funding agencies, including their officers, agents, volunteers or employees, in the event of any damage, injury or expense. This indemnity and covenant shall be binding upon my successors, assigns, heirs, executors, and administrators.

This release acknowledges that I recognize and understand that the use of a VR headset involves certain risks like dizziness, nausea, and bumping into objects. I also understand that VR can seem very real and trigger real fears, like the fear of heights.

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

Is participant under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is participant’s age? \_\_\_\_\_

If under 18, parent or legal guardian name (please print): \_\_\_\_\_

*I am the parent or legal guardian of the minor named above and thereby have the legal right to consent to the terms and conditions of this Release of Liability.*

Participant (or parent/legal guardian) signature: \_\_\_\_\_

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