

## VIRTUAL REALITY RELEASE OF LIABILITY

We require all participants to sign this waiver releasing Coquitlam Public Library from any liability regarding your use of the HTC Vive Virtual Reality (VR) equipment.

### Are you under 18?

Your parent or guardian must sign this form for you.

### Risk of Use:

Use of Virtual Reality (VR) equipment has known and unanticipated risks. These risks can occur during and after use of the equipment and may include dizziness, nausea, seizures, impaired balance, impaired vision, drowsiness and motion sickness. If you have any health concerns consult your physician before using the VR equipment.

VR games and experiences are highly immersive and while fun can be overwhelming to some participants. It may take time after a VR experience to recover and adjust to the real world again. After your VR experiences do not engage in any activities that may endanger the health and safety of yourself or others. If you are unsure if you have recovered, consult your physician.

Coquitlam Public Library has put in place safety and preventative measures to reduce the spread of COVID-19 and other communicable diseases. However, we cannot guarantee a risk-free environment. By participating in the VR experience sessions, you acknowledge and accept all the risks involved of being exposed or infected by COVID-19 or other communicable diseases.

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

### Are you ready?

By signing below, you agree to the terms of this form and you accept all of the risks, responsibility and liability associated with your use and your child's use of this equipment, including risks to yourself, to property, and to others.

You also release and will fully indemnify Coquitlam Public Library (including its employees) from any and all claims or liability associated with your use or your child's use of this equipment, including negligence by Coquitlam Public Library employees.

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

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

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

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

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