



RAPIDES PARISH LIBRARY VIRTUAL REALITY (VR) WAIVER

CALENDAR YEAR: _____

Registration will not be accepted without complete information.

LAST NAME _____ FIRST NAME _____

LIBRARY CARD NUMBER _____

CURRENT DATE OF VIRTUAL REALITY PROGRAM REGISTRATION: ____/____/____

PARTICIPANT'S DATE OF BIRTH: ____/____/____

IF UNDER 18 YRS OF AGE, PARTICIPANT'S PARENT(S) / LEGAL GUARDIAN(S) NAME:

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

PHONE (____) _____ - _____ SECONDARY PHONE (____) _____ - _____

By registering as a participant in the use of the **VIRTUAL REALITY (VR)** equipment at the Rapides Parish Library, I agree to the following waiver, release of all claims, indemnification and assumption of risk:

1. I am aware of physical risks involved with the use of this equipment and understand that it is my personal responsibility to consult my physician or my minor child/ward's physician prior to my participation or my minor child's participation in any use of this equipment prior to receiving instruction. I also understand that if at any time during any use of this equipment that I feel discomfort or strain, or my minor child feels discomfort or strain, that it is my responsibility or the responsibility of my minor child to cease the activity and consult with my physician or my minor child/ward's physician if deemed necessary.

I am also aware that virtual reality can cause motion sickness. I agree that I am solely responsible for my decision to participate in the use of this equipment or the decision of my minor child to participate in the use of this equipment and that neither I nor my minor child have a known medical condition which would prevent me or my minor child from taking part in the use of this equipment. I assume responsibility for any risk or injury that I may sustain as a result of my participation or that my minor child may sustain as a result of his/her participation.

I understand that it is my responsibility or the responsibility of my minor child to advise the Rapides Parish Library staff and program presenters of any physical conditions that may limit my participation in this program or my minor child's participation in this program and to work only within my limitations and the limitations of my minor child. I will not hold the Rapides Parish Library, its officers and employees, associated instructors, or any other employees responsible for any injuries suffered by me or my minor child caused in whole or in part by my failure or the failure of my minor child to truthfully state our medical conditions.

2. I will not hold the Rapides Parish Library, its officers and employees, associated instructors, or any other employees responsible for any injuries suffered by me or my minor child caused in whole or part by my failure or the failure of my minor child to follow the instructions given or by any physical impairment of mine or my minor child.

I hereby release and agree to defend, indemnify and hold the Rapides Parish Library, its Board of Control, officers and employees harmless from any and all liabilities, claims, injuries or damages of whatever nature, arising from, as a result of or an account of, directly or indirectly, observing or participating in this Program, and I will pay all attorney fees, costs, etc., associated with any claim.

3. I agree that the Rapides Parish Library and/or the presenter are not responsible in the event of loss, damage, unauthorized use, theft or injury resulting from and to any personal property that I or my minor child bring onto the premises.
4. I understand that the Rapides Parish Library and/or the presenter reserves the right to refuse admittance to anyone they think may pose a health risk to themselves or others.

I agree that this waiver, release of all claims, indemnification and assignment of the risk agreement is intended to be as broad and inclusive as permitted by Louisiana law, and that, if the portion hereof is held invalid, I agree that the balance thereof will continue in full legal force and effect.

5. I have carefully read, fully understand, and agree to the above stated conditions of participation. I am aware that this is a waiver, release, indemnification, and assumption of risk agreement between the Rapides Parish Library and myself, and I sign it of my own free will.

SIGNATURE _____
(Participant, or Parent/Guardian if under 18)

DATE: _____

PRINT NAME _____

RECEIVED BY STAFF MEMBER: _____

DATE: _____