

Waiver and Release of Liability
TUCKER FREE LIBRARY

VIRTUAL REALITY WAIVER & RELEASE OF LIABILITY FORM - READ CAREFULLY

USE OF VIRTUAL REALITY EQUIPMENT INDICATES YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS AGREEMENT.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT BY AGREEING TO THE TERMS LAID OUT IN THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

1.) I wish to participate in the virtual reality (VR) experience offered through the TUCKER FREE LIBRARY in HENNIKER, NH. I understand that this technology may involve certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used, possible negative reactions to virtual reality including, but not limited to, feelings of nausea, dizziness, seizures, disorientation. I further acknowledge that since virtual reality is a new technology, there may be unknown and non-obvious risks associated with this technology.

2.) I acknowledge these risks and assume responsibility for my participation in the VR experience. I hereby release, hold harmless any employee or authorized volunteer of the TUCKER FREE LIBRARY or other town employee involved in the facilitation of the equipment and experience (hereafter referred to as 'facilitators') and indemnify them, the TOWN OF HENNIKER, and its officers against any or all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my VR participation including without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of such equipment. Additionally, this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify that I, or the minor participant for whom I am legally responsible, am/is in good health and do/does not suffer from a heart condition, contagious dermatological condition, or other ailment which could be exacerbated by participation in the VR experience, or pose a risk to other participants.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY MY USE OF VR TECHNOLOGY, I AM INDICATING MY ACCEPTANCE TO THE TERMS OF THIS AGREEMENT.

PRINTED NAME OF PARTICIPANT(S): _____ AGE: _____
_____ AGE: _____
_____ AGE: _____

Signature of participant or guardian:

_____ DATE: _____