



**Oculus Virtual Reality (“VR”) Device – User Agreement and Liability Waiver**

The Jefferson County Library is offering free use of the Oculus Virtual Reality (“VR”) device, including equipment and software, with the understanding that while the library will provide a supervised experience, the user uses the equipment at his/her own risk.

**Please read and initial each section, and sign below.**

\_\_\_\_\_ I understand that some users report dizziness or vertigo from the VR experience, or other effects on the user’s sense of balance, sight, and hearing. I agree to report any discomfort or disorientation immediately, so that the facilitator can remove the equipment and take appropriate measures to assist me.

\_\_\_\_\_ I understand that using the VR equipment can result in my moving around the room unaware of physical surroundings while attending to the virtual experience on the headset. A facilitator will be present. While every attempt will be made to anticipate my movements, a sudden action could result in a stumble or fall.

\_\_\_\_\_ I understand that I can terminate the VR experience at any time, but I must also listen to the facilitator and follow instructions at all times in order to have a safe and optimal experience.

\_\_\_\_\_ I have read and understand all of the safety precautions on the Oculus VR product description handout. I understand that if I fail to comply with safety precautions and instructions, the library may revoke my privileged to use the Virtual Reality equipment.

\_\_\_\_\_ By signing this agreement, I affirm that I am fully aware of the risks involved with using the Oculus VR program and equipment, and I am assuming all liability and responsibility for my voluntary use of this program and equipment.

\_\_\_\_\_ I hereby release the library from any and all rights and claims for liability, damage, loss, or injury arising from this event, and agree to hold harmless the library and all of its staff. I further agree not to sue, assert, or otherwise maintain any claim or cause of action against the library and its staff arising from my voluntary use of the Oculus VR program and equipment.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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