

Stuttgart Public Library Virtual Reality Waiver

- Virtual Reality with the Oculus Quest 2 is available for in-library use to library cardholders age 13 and older. Library staff will provide a brief overview, show you how to use the controllers and help you adjust the VR goggles.
- Due to the unpredictable nature of each individual's response to virtual reality (dizziness, nausea, seizures, anxiety, fear of heights, bumping into objects, etc.), all participants are required to sign this waiver releasing the Stuttgart Public Library from any liability regarding your (or your child/dependent/minor's) use of the Oculus Quest 2.

- **HEALTH & SAFETY ADVISORY**

For your safety, you should not participate in Virtual Reality with the Oculus Quest 2 if you

- are prone to motion sickness.
- have impaired balance or conditions that affect your ability to safely perform physical activities.
- have a pacemaker or other implanted medical device(s).
- have a history of photosensitive seizures.

Consult with your doctor before using the Oculus Quest 2 if you are pregnant, elderly, have pre-existing binocular vision abnormalities or psychiatric disorders, or suffer from a heart condition or other serious medical condition.

By signing this waiver, the participant or participant's parent or legal guardian (if the participant is age 13-17),

- understands that these activities could involve risk or injury.
- voluntarily assumes all risk and danger of personal injury and all hazards arising from, or related in any way to this activity, whether occurring prior to, during, or after the activity, howsoever caused and whether by negligence or otherwise.
- agrees to release the Stuttgart Public Library from any liability.
- consents to the use, reproduction, or publishing of images obtained by the Stuttgart Public Library during participation.

I have read the HEALTH & SAFETY ADVISORY and understand that by signing, I voluntarily assume all risks in participating on behalf of myself or the minor listed below.

Participant Name: _____

Participant Age: _____

Participant Library Card Number: _____

FOR PARTICIPANTS UNDER 18

I _____, as the parent/legal guardian of the minor participant named above, grant him/her permission to participate in Virtual Reality with the Oculus Quest 2.

Dated: _____ Signature: _____