PLACENITA LIBRARY MEMORY LAB USER AGREEMENT

For, and in consideration of, use of the Memory Lab(s)and participation in any activity related therewith, I knowingly and voluntarily agree to, and declare the following:

I, (name), have read the Placentia Library Memory Lab Policies, and agree to follow all rules, policies, procedures, and restrictions relating to use of the Memory Lab. I understand that these rules, policies, procedures, and restrictions may change at any time without notice and that I will make myself aware of all changes or modifications of said rules, policies, procedures, and restrictions.

I agree that by signing this agreement and/or engaging in Memory Lab activities, I shall defend, indemnify, and hold harmless the Placentia Library District, its officers, officials, employees, and volunteers from and against any and all claims, proceeding, damages, losses, suits including attorney fees, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of my use of the Memory Lab, the equipment's, tools, and materials therein.

I also understand and agree that I am financially responsible for any and all damage done to Memory Lab equipment resulting in my misuse or failure to follow all rules, policies, procedures, and restrictions. I understand that I am responsible for and agree to pay the repair and replacement costs of the equipment resulting from such actions.

I understand that in using the Memory Lab, I risk my materials. There be instances where due to the condition of the materials and/or equipment malfunction, my materials may be further damaged. Every time materials are played, they degrade slightly. To avoid any additional damage to my materials, I agree that I have inspecting my material for damage. Should a playback deck suffer from a mechanical failure, an item could get stuck in the deck and/or crinkled or stretched from the parts inside the deck.

I certify that I am eighteen (18) years or older, I have read this agreement, waiver, and release, and I understand its content; and if applicable, I am the parent or legal guardian with legal authority and capacity to sign and contest to this agreement, waiver and release for the participating minor.

Full Name: Library Card #:

Signature: Date:

E-Mail Address

For Minors Only:

Parent/Guardian Full Name: Library Card #:

Parent/Guardian Phone Number (in case of emergency):

Staff Use Only:	
Staff Initials:	Horizon Record Updated: