Virtual Reality Release of Liability

Due to the unpredictable nature of the human response to virtual reality (dizziness, nausea, seizures, fear of heights, bumping into objects, etc.), we require all participants to sign this waiver releasing the Glen Ellyn Public Library from any liability regarding your (or your child/dependent/minor’s) use of the Oculus Rift and/or PlayStation VR.

**Please stop use of the Oculus/PlayStation VR if you feel any discomfort whatsoever.**

I (or my child/dependent/minor) wish to participate in this showcase. I understand that in order for me (or my child/dependent/minor) to participate in this showcase, I agree to and understand the following:

1. Oculus VR, LLC. and PlayStation VR, does NOT recommend that children under the age of 13 use the VR headsets;
2. I am participating in this showcase voluntarily;
3. I assume all of the physical, psychological, and financial risks, associated with participation in this showcase;
4. By signing, I acknowledge that I have read and understood all of the terms of this release form and that I am voluntarily giving up substantial legal rights, including the right to sue the Glen Ellyn Public Library or its employees;
5. **[If the headset is being used by child/dependent/minor]** I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability.

**I understand that I must sign this Release of Liability in order to participate in this showcase.**

Participant name (please print): ____________________________________________

Participant (or parent/legal guardian) email: __________________________________

Participant zip code: ______________________

Is participant under the age of 18?: ______ Yes ______ No  If yes, what is participant’s age?: ______________________

Participant (or parent/legal guardian) signature: __________________________________

Date: ____________________