



STOKES BROWN PUBLIC LIBRARY VR HEADSET USE DISCLAIMER & WAIVER FORM

Virtual Reality (VR) experiences may involve physical activity, immersive visual and auditory content, and altered perception of space. Please read and acknowledge the following terms before participating. Note: Game content may not be suitable for all users. **The headset can only be checked out with an adult card, or a YA card with parental approval.**

HEALTH & SAFETY DISCLAIMER

- VR experiences may cause **dizziness, disorientation, nausea, headaches, or eye strain.**
- Meta does not suggest children under 10 use the headset. If a child under 13 is using the headset they must be accompanied by a parent.
- VR is not suggested for those who are **currently pregnant**, suffer from **epilepsy, seizures, heart conditions, or other serious medical conditions** that may be triggered by VR use.
- Stop use and notify staff if you experience discomfort or health issues.
- VR may **impact depth perception, balance, and coordination.** Patrons accept full responsibility for maintaining their physical safety during and after use.

LIABILITY WAIVER & ASSUMPTION OF RISK

I understand and agree that:

- I am using the VR headset **voluntarily and at my own risk.** I will follow staff instructions while using the headset.
- I release and hold harmless the library, its employees, volunteers, and affiliates from **any liability for injury, loss, or damage**, including property damage, physical or psychological injury, or death resulting from VR use.
- I accept full financial responsibility for any **equipment damage** caused by negligence or misuse.
- If I am under 18, my parent/guardian has read and agreed to this waiver on my behalf.
- Time limits for use may be imposed by staff at their sole discretion. Use for periods longer than 30 minutes is not recommended.
- I will not attempt to remove the VR equipment from the second floor of the library.
- I will not attempt to download games or make any other changes to the headset settings.

SIGNATURES

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Approved: 5/9/25 Reviewed: 5/8/2026