

Arlington Heights Memorial Library Makerplace Facilities and Equipment Waiver

The Arlington Heights Memorial Library ("Library") offers use of Makerspace facilities and equipment. In consideration for being permitted to use the Library's Makerspace facilities and equipment, I understand, agree, represent and acknowledge that:

- 1) I have read, understand and agree to abide by the terms of the [Library's Makerspace Policy](#).
- 2) Use of the Makerspace facility and equipment includes or may include known and unknown dangers and risks, including but not limited to the use of tools, machines, electrical equipment and/or heating equipment.
 - a. I will not use Makerspace facilities or equipment independently or unsupervised that I am unfamiliar or uncomfortable with.
 - b. I will not use Makerspace facilities or equipment if I am ill, tired, under the influence of drugs, alcohol or other intoxicants, or if am I feeling generally unwell.
- 3) I assume full responsibility for any and all personal injuries or property damage which I may suffer or which may occur during or related to my use of Makerspace facilities and equipment.
- 4) Neither the Library nor its Employees, Agents, including contracted instructors, or Trustees shall be liable for any personal injuries, property loss, or damages in connection with use of Makerspace facilities or equipment. I fully and forever release and discharge them and agree to indemnify, defend and hold them harmless from any and all claims, causes of action, losses, attorneys' fees, costs, or other damages resulting from, arising out of, or relating in any way to my use of Makerspace facilities or equipment.

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I have read, understand, acknowledge and agree to the terms stated above and agree to be legally bound by them.

Printed Name: _____

Signature: _____

Date signed: _____

Applicant is Age 17 or Under

Inasmuch as _____ is age 17 or under, I hereby consent to and approve of
(Applicant)

Applicant's use of Makerspace facilities and equipment at the Library. I further represent that I am the applicant's legal guardian, and I understand, acknowledge and agree to the terms stated above for and on behalf of the Applicant as a condition of Applicant's use.

Parent/Legal Guardian

Date Signed: _____

For staff use only:

Barcode: _____

Updated: 7/1/21