



Each participant must complete and return this form before participating in the Virtual Reality Experience. Adults and minors ages 14–17 are welcome to Sonoma County Library’s **Introduction to Virtual Reality**. Our helpful library staff will guide you through your virtual reality experience providing a brief overview, instructions on using the controllers, and adjusting the VR goggles before you begin to discover a whole new world,

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NAME OF PARTICIPANT \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

PLEASE FILL OUT THE SECTION BELOW IF REGISTERING A MINOR WHO IS 14–17 YEARS OLD

I, \_\_\_\_\_ the parent/ legal guardian of  
\_\_\_\_\_ age \_\_\_\_\_ give permission for him/her to  
participate in the **Introduction to Virtual Reality** program at Sonoma County  
Library.

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#### HEALTH & SAFETY ADVISORY

For your safety, if you have any of the following conditions, you should not participate: • You are prone to motion sickness. • You have impaired balance or conditions that affect your ability to safely perform physical activities. • You have heart, orthopedic or other serious medical conditions. • You have a pacemaker and/or other implanted medical devices. • You are or may be pregnant. • You have a history of photosensitive seizures. • You have been diagnosed with an anxiety disorder or post-traumatic stress disorder. ATTENTION You on behalf of yourself, or any minor (ages 14-17) that you agree to give permission to participate by registering for the Oculus Rift Experience, (collectively “you”): • Understand that you will be engaging in activities that could involve risk of injury. • Voluntarily assume all risk and danger of personal injury (including death) 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. I give my consent to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children. I have read the safety advisory and warning below and understand that by signing, I voluntarily assume all risks in participating on behalf of myself or minor listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_