

# Kennedale Public Library Innovation Station Waiver

Fill out the Innovation Station waiver below.

Name \_\_\_\_\_

Library Card Number \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

I am 16 years or older      YES

NO- a parent or guardian must accompany, and take responsibility for, users under 15 years old.

## **Please read these conditions carefully**

I agree to comply with the following Kennedale Public Library policies and guidelines

I accept full responsibility for the space, equipment, and furniture in the Innovation Station during my session.

As the primary user, I will remain in the room at all times during my session.

I understand that if I fail to return equipment at the end of my session and my checkout privileges will be suspended until items are returned.

I understand that I am responsible for the cost of repairs, replacements, or cleaning if the space is damaged or equipment is missing or damaged.

I understand that replacement charges or large library fees will result in my library privileges being suspended until the library is reimbursed.

I understand that this waiver will be in effect throughout the year indicated on the date above and that a new waiver needs to be completed each calendar year.

I understand that the Innovation Station may be used for lawful purposes only and cannot be used to create content that is:

Prohibited by provincial or federal law.

Unsafe, harmful, dangerous or poses an immediate threat to the wellbeing of others.

Obscene or otherwise inappropriate for the Library environment.

In violation of another's intellectual property rights; for example, the 3D printers and scanners may not be used to reproduce materials subject to copyright, patent, or trademark protection.

Anyone not adhering to this agreement or who willfully abuses or damages any equipment or software will have their Library privileges suspended and will be legally and financially responsible for damages.

I understand the Innovation Station Waiver conditions and agree to abide by them.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian (if under 15 years old) \_\_\_\_\_

Signature \_\_\_\_\_