



Gwinnett County Public Library Waiver and Release Form

In consideration of the benefits accruing to me and/or my child from participation in the **Oculus Rift VR** Program (the "Program"), I do hereby waive and release any and all claims, demands, lawsuits, complaints or liabilities, of any kind or nature, arising out of or related to my and/or my child's participation in the Program, which may exist or accrue against the Gwinnett County Public Library, the Gwinnett County Public Library Board of Trustees, Gwinnett County, their officers, agents or employees. I further agree to hold harmless the aforesaid parties from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with my and/ or my child's participation in the Program.

Participant's Name ("Participant")

Signature of Participant

Date

IF PARTICIPANT IS YOUNGER THAN 18:

Consent of Parent/Legal Guardian

As the parent/legal guardian of Participant (a minor), I hereby consent to and approve of Participant's participation in the Program named above.

Signature of Parent/Legal Guardian

Date