

MFPL MAKERSPACE USER AGREEMENT FORM

Please print and sign to confirm that you have read, understood, and agree to the Makerspace's policies and safety procedures. Once signed, bring this form to the Makerspace Librarian, or you may scan it and send a copy to maker@mfplibrary.org.

By signing this Agreement, you agree to comply with Makerspace's Policies and Safety Procedures, which you acknowledge to have received. The Mammen Family Public Library reserves the right to update and modify Makerspace policies and rules, and the most recent policies and rules should be reviewed before each use of the facility.

Print Participant Name _____

Participant MFP Library Card # _____

Participant Signature _____

Date _____

If you are under 18:

Print Guardian Name _____

Guardian MFP Library card # _____

Guardian Signature _____

Address _____

Phone No. _____

Email Address _____

MFPL MAKERSPACE LIABILITY WAIVER

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this activity or program.

I, _____, agree to abide by the Mammen Family Public Library Makerspace policies. I am fully aware that participation in the Makerspace may result in risk of personal injury or harm. In consideration of being granted the opportunity to participate, I hereby agree to release and hold harmless the Mammen Family Public Library, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form and I voluntarily sign it. I hereby give permission to the Mammen Family Public Library for emergency transportation and/or treatment in the event of illness or injury and this release extends to any liability arising in connection with such transportation and/or treatment. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that I am in good physical condition, and have no medical or physical conditions that would restrict my participation in this activity or program.

Print Participant Name _____

Participant Signature _____

Date _____

Print Guardian Name _____

Guardian Signature _____

Date _____