



COUNTY OF SAN LUIS OBISPO PUBLIC LIBRARY MEMORY LAB USER AGREEMENT,  
WAIVER AND RELEASE

I, \_\_\_\_\_ (name), have read the Memory Lab Policies, and agree to follow all rules, policies, procedures, and restrictions relating to use of it, including but not limited to, the rules stated herein, County of San Luis Obispo Public Library Rules of Conduct, the Library Internet Use Policies, and all other applicable Library policies and procedures. I understand that these rules, policies, procedures, and restrictions may change at any time without notice and that I will make myself aware of all changes or modifications of said rules, policies, procedures, and restrictions.

I agree that by signing this agreement and/or engaging in Memory Lab activities, I shall defend, indemnify, and hold harmless the County of San Luis Obispo Public Library and the County of San Luis Obispo, its officers, officials, employees, and volunteers from and against any and all claims, proceedings, damages, losses, suits including attorney fees and costs, actions, or liabilities for injury or death of any person, or for loss or damage to property, or any other loss in connection with the use of the Memory Lab, including the equipment, tools, and materials therein.

I also understand and agree that I am financially responsible for any and all damage done to Memory Lab equipment resulting in my misuse or failure to follow all rules, policies, procedures, and restrictions relating to use of it. I understand that I am responsible for and agree to pay the repair and replacement costs of the equipment resulting from such actions. I understand that use of the Memory Lab equipment is voluntary. I am aware that I may be exposed to personal injury, or damage to my property arising out of my use of the Memory Lab. Such risks may be as a result of my activities or the activities of others (volunteers, employees, or third parties).

With knowledge of these risks, I agree to accept all risks of personal injury, or damage to my property. In consideration of the same, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, forever waive, release, and discharge the County of San Luis Obispo Public Library and County of San Luis Obispo from any and all negligence and liability for my death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my use of the Memory Lab.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OR OLDER; I HAVE READ THIS AGREEMENT, WAIVER, AND RELEASE, AND I UNDERSTAND ITS CONTENT.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_