



# ERIE COUNTY PUBLIC LIBRARY

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Library Card #: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ *Optional. We ask for statistical purposes*

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ *\*If you are under 18, you need the signature of a parent/guardian. See below.*

## Erie County Public Library Idea Lab Use Agreement

Welcome to the Idea Lab! We look forward to helping you bring your ideas to life. In order to enjoy the Idea Lab, please observe the following:

1. Follow all instructions and directions given by staff or posted in the space.
2. Clean up after your project and leave your workspace neat and clean.
3. You are the creator of your project! We are happy to provide assistance but are unable to take over or make your item for you.
4. Minors under the age of 15 must be accompanied by an adult at all times and are not able to operate equipment on their own. Minors 15 and up must have an agreement on file before using the space independently.
5. The use of equipment for any illegal activity or to create or produce any dangerous or illegal weapons or items is prohibited.
6. The use of library facilities and equipment to make unauthorized use or reproduction of copyrighted material is prohibited, and users are solely responsible for any violations.
7. Use of Idea Lab equipment or participation in the space involves inherent dangers, including injury or death. By using the space, you voluntarily assume this risk and recognize your obligation to exercise good judgment and act responsibly.

I certify that I have read and agree to the above policies for use of the Erie County Public Library's Idea Lab. I voluntarily accept the terms and conditions by signing below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian please read and sign below

I certify that I have read and agree to the above policies for use of the Erie County Public Library's Idea Lab. I understand that I am fully responsible for my minor's use of the Idea Lab and their compliance with all policies. I voluntarily accept the terms and conditions by signing below.

Parent/Guardian Name (for minor): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Verified in LEAP: \_\_\_\_\_ Record Entered in Airtable: \_\_\_\_\_