

**Cedar Falls Public Library
COLLABORATIVE LABORATORY (CO-LAB) POLICY**

CO-LAB USER AGREEMENT

Name: _____ Date: _____

Address: _____ Phone No.: _____

Library Card Number: _____

Photo ID (Type & Number): _____

I, _____ (full name), have read the Cedar Falls Public Library Collaborative Laboratory (Co-Lab) Policy and this User Agreement, and agree to follow all rules, policies, procedures, and restrictions relating to use of the Co-Lab. 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 utilizing the Co-Lab, I acknowledge that substantial benefits are to be enjoyed by such use and I also acknowledge that use of the Co-Lab involves risk of harm, including personal injury, property damage, and even death, which I fully assume. I accept as sufficient the level of care and supervision provided by the Library for the Co-Lab, and if I am signing this User Agreement for my minor child or ward, that permission is hereby given for my minor child or ward to use the Co-Lab, and that I or the adult that I assign to supervise my minor child or ward are responsible for the safety of my minor child or ward while using the Co-Lab.

I and my spouse, heirs, legal representatives and assigns hereby absolve, release, and covenant not to sue the Library, the City of Cedar Falls, and their respective employees, elected and appointed officials, and their officers, volunteers, insurers and administrators (“Releasees”) from all claims, actions, causes of action, demands, and rights whatsoever, currently known or unknown, which may arise in connection with or which is in any way related to the use of the Co-Lab by me or my child or ward.

I also agree to defend, indemnify, and hold harmless the Releasees from and against any claim, loss, or damage whatsoever, including attorney fees and expenses, that arise out of or are in any way related to the use of the Co-Lab by me or my minor child or ward.

I also understand and agree that I am financially responsible for any and all damage done to Co-Lab equipment which is caused by me or my minor child or ward. I understand that I am responsible for and agree to pay the repair and replacement costs of the equipment resulting from such actions.

I agree to pay for any and all material fees involved in my or my minor child or ward’s use of the Co-Lab. Material fees will be posted within the Co-Lab and at the Reference Desk.

The above applies every time I or my minor child or ward uses the Co-Lab.

Signature: _____ Date: _____

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Minor Child/Ward Full Name (if applicable): _____

Parent/Guardian Information (applicable only for minors)

Parent or Legal Guardian Full Name: _____

Parent/Guardian Library Card Number: _____

Parent/Guardian Photo ID (Type & Number): _____

Parent or Legal Guardian Signature: _____

Date: _____

Staff Initials: _____

Additional minor children or wards covered by this agreement (full names):
