

Hopkins County-Madisonville Public Library

Virtual Reality Gaming Policy

Adopted: 11/17/2022

- **What is Virtual Reality (VR)?**

Virtual reality is a computer-generated, three-dimensional simulation of an environment that can be explored and interacted with in a seemingly real way by a person using a VR headset.

- **When and where can I use VR equipment?**

Virtual reality equipment made by Oculus VR will be available for use at the Hopkins County-Madisonville Public Library Main Branch during special programs and other events.

For a complete list of VR programs, check out our event calendar at <https://publiclibrary.org/events/>

- **Who can use the VR headset?**

Patrons must be age 12 or older to use the VR headset.

The Waiver of Liability Agreement must be signed before the Library's VR equipment can be used. All patrons aged 18 or older must sign the Waiver of Liability Agreement. A patron under the age of 18 must have this Waiver of Liability Agreement signed at the Library by that patron's parent or legal guardian.

- Library staff members, at their discretion, may deny any patron the use of the VR headset.
- To reserve or use the VR equipment, you must first complete an instruction orientation.
- VR equipment is checked out by supervisors only. If there is no supervisor available, you may be asked to return at a later time.
- The VR equipment can be reserved in 30-minute increments, up to a maximum of 1 hour per day.
- VR equipment must be checked out at the circulation desk and returned after use.
- HCMPL Programming has priority in reserving time.
- Requests for purchasing VR apps or software can be submitted to the Adult Programming and Marketing Coordinator via email.
- You are not allowed to log into your own Steam account to access your personal library for VR content. HCMPL is not responsible for your personal accounts.
- No eating or drinking in the Library at the time of VR session.
- HCMPL staff reserve the right to close the VR session at any time.

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Safety

- Always place the headset and controllers on a computer table or stand, never on the ground.
- Make sure controllers are secured to your wrist during use.
- If you have any questions regarding use of the Oculus VR Headset, ask a supervisor.
- If you feel nausea or discomfort, take the headset off immediately and sit down. Do not use the headset when you are: tired; need sleep; under the influence of alcohol or drugs; hung-over; have digestive problems; under emotional stress or anxiety; or when suffering from cold, flu, headaches, migraines, or earaches, as this can increase your susceptibility to adverse symptoms.
- Consult your doctor before use if you have a pre-existing medical condition including, but not limited to, epilepsy, binocular vision abnormalities, psychiatric disorders, or heart conditions.

What else do I need to know about using VR equipment?

- Use of the VR headset is associated with risks, some of which may not be known yet. Reactions to a VR experience are unpredictable and may include dizziness, nausea, disorientation, eyestrain, seizures, bumping into objects, or falling. The VR headset may also transmit contagious conditions.
- Patrons must stop using the VR headset immediately if they experience any discomfort whatsoever. Patrons must also take frequent breaks from use of the VR headset.
- Patrons using the VR headset must obey all requests made by Library staff members, including requests to sit down or to stop using the headset.

Waiver of Liability Agreement on Page 3 Must Be Signed Before Using Virtual Reality Gaming Equipment

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Waiver of Liability Agreement Virtual Reality Gaming

The Waiver of Liability Agreement must be signed before the Library's VR equipment can be used. All patrons aged 18 or older must sign the Waiver of Liability Agreement. A patron under the age of 18 must have this Waiver of Liability Agreement signed at the Library by that patron's parent or legal guardian.

In consideration of my using the Hopkins County-Madisonville Public Library's VR equipment, I agree to the following:

- I acknowledge that I have read, have understood, and will adhere to the terms of this Policy and Waiver of Liability Agreement;
- I (or my child/dependent/minor) am using the VR equipment voluntarily;
- I assume all the physical, psychological, and financial risks associated with the use of the VR equipment;
- If I require medical care or treatment, I agree to be financially responsible for any and all costs incurred because of such treatment;
- If any damage to equipment or facilities occurs because of my use of the Library's VR equipment, I acknowledge and agree to be held liable for any and all costs of repair of such equipment or facilities;
- I am voluntarily giving up substantial legal rights for myself and my assignees, executors, administrators, heirs, and successors;
- I hereby release, hold harmless, and forever discharge from any liability the Hopkins County-Madisonville Public Library, as well as their respective trustees, agents, and employees, for any and all claims, damages, causes of action, judgments (including costs and expenses), or liability arising directly or indirectly from damages, bodily injury, or death that I may sustain because of my use of the Library's VR equipment;
- If any provision within this Waiver shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this Agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this Agreement shall remain in full force and effect;
- If a court should find that any provision of this Agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited.

Print name

Signature

Date

HCMPL Witness

If the VR equipment is to be used by a child/dependent/minor:

I state that I am the parent or legal guardian of the minor _____, age _____, and that I have the legal right to consent to and, by signing below, I do hereby consent to all the terms and conditions of this **Waiver of Liability Agreement**.

Print name

Signature

Date

HCMPL Witness