

phpl: Digital Media Lab User Agreement

Name (Please Print) _____

Parent's Name (if user is 5th grade or below) _____

Address _____

Phone _____ Email _____

Library Card Number or Driver's License Number _____

I understand that I must attend an orientation session at the library in order to use the Digital Media Lab at the Patrick Heath Public Library. I also understand that I am responsible for any and all damage caused to Digital Media Lab equipment or space beyond normal wear. I agree to adhere to the Digital Media Lab Policy and Procedures and Patron Behavior Policy.

User Signature _____ Date _____

For parents of minors (5th grade and below only): I hereby allow my son or daughter to use the Digital Media Lab in my presence and accept responsibility for any and all damage caused to the equipment or space beyond normal wear.

Parent's Signature _____ Date _____

For Staff Completion

Orientation Completed On _____ Staff Initials _____