

ASSUMPTION OF RISK, CONSENT AND LIABILITY
VIRTUAL REALITY

----READ CAREFULLY BEFORE SIGNING----

In consideration of my being permitted to participate in using the Virtual Reality equipment at Carroll Community College (“Virtual Reality”), I understand and agree as follows:

I am 18 years of age or older. I understand and acknowledge that I will be using Virtual Reality equipment including goggles and headphones that mimic and create a false reality, and that this will impair my normal vision and hearing during the Virtual Reality activity. Dangers are associated with the use of Virtual Reality. These dangers include, but are not limited to, personal injury, disorientation, confusion, seizures, loss of awareness, eye strain, muscle twitching, involuntary movements, blurred or double-vision and other eye issues, dizziness, disorientation, impaired balance, impaired hand-eye coordination, excessive sweating, nausea, light-headedness, pain in the head or eyes, fatigue, and symptoms of motion sickness, all of which can persist and become apparent hours after use which could lead to an increased risk of injury after leaving the premises. I acknowledge that I have been advised of and am aware of the nature of the risks and that the above list is not an all-inclusive list of the potential dangers, but that it is merely illustrative of potential dangers. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of me being allowed to participate, I hereby release, and hold harmless Carroll Community College, its trustees, officers, employees, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, or otherwise, arising out of or in connection with my participation in Virtual Reality.

To the fullest extent permitted by law, I assume full responsibility and risk, for any and all property damage and personal losses, injuries or damages, including medical expenses, which I may sustain or cause when participating in Virtual Reality on or about the property of Carroll Community College.

I HAVE READ AND UNDERSTAND THIS ENTIRE
AGREEMENT, CONSENT, WAIVER, AND LIABILITY RELEASE,
AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature: _____
(Participants under 18 years of age require parental signature)

Date: _____

Printed Name: _____