



GCLS Maker Agreement Form

Please review the policies and guidelines set forth below. Acceptance of and compliance with these provisions is required for your use of the space, tools, equipment and materials provided within.

Name _____

Home Library _____ Card # _____

Phone # _____ Email _____

Parent/Guardian's Name (if under 18) _____

Phone # _____ Email _____

Address _____

How did you hear about the MakerStudio? _____

What would you most like to learn or make in the MakerStudio? _____

How do you plan on using the MakerStudio? _____

Share Your Skills and Passions!

Interested in helping with classes or programs in the MakerStudio? (Circle One)

Yes Maybe Not right now

If so, on what projects or topics? _____

Certifications (to be completed by GCLS staff):

Laser Cutter/Engraver	Date: _____	Staff Initials: _____
MakerBot 3D Printer	Date: _____	Staff Initials: _____
Dremel 3D Printer	Date: _____	Staff Initials: _____
Vinyl/Silhouette Cutter	Date: _____	Staff Initials: _____
Serger	Date: _____	Staff Initials: _____

I, _____(print name), the Maker, affirm that the information I have provided on the Maker Agreement is current, true, and correct. I understand that this information may be subject to verification.

I, _____(print name), the Maker, do hereby for myself, on behalf of my heirs, successors, and assigns, in consideration of being permitted to use tools and equipment, waive any and all claims against the Gloucester County Library Commission for any personal injury, illness, death, or liability resulting from or arising out of the carelessness, recklessness, negligence and/or fault of the Gloucester County Library Commission.

I, _____(print name), the Maker, hereby for myself, on behalf of my heirs, successors, and assigns, in consideration of being permitted to use tools and equipment, agree to release and indemnify and hold harmless and defend the Gloucester County Library Commission, their offices, agents, volunteers, and employees from any and all liability, loss, claims, and demands, actions, or cause of action for the death or injury to any persons and for any property damage suffered or incurred by any person which arises or may arise or be occasioned in any way from the Maker or possession of tools, technology, equipment or supplies I am using in a GCLS Makerspace. Any available insurance of the Maker's shall be primary and the Gloucester County Library Commission's be Non Contributory.

The parties intend each provision to be severable and separate and apart from one another.

The parties agree that any and all disputes resulting in litigation will be commenced, litigated, and adjudicated only in the County of Gloucester, State of New Jersey pursuant the laws of the State of New Jersey.

If a court of law construes that any part of this release is invalid, such construction shall not invalidate the remainder of this release.

I have read this release, have no questions about its meaning and voluntarily accept the terms of this release by signing my name below. By signing this release, I agree to abide by GCLS Makerspace Policies and Maker Responsibilities and I acknowledge receipt of the same.

Signature _____ Date _____

Printed Name _____

Any Maker under eighteen (18) years of age must also obtain the following consent and release before using a GCLS Makerspace.

I, _____(print name), am the parent or guardian of _____(print name), the Maker. I consent to this and state that I have read the above release, have no questions about its meaning and voluntarily accept the terms of this release by signing my name below.

Parent/Guardian Signature _____ Date _____

Printed Name _____