User Agreement:

Staff Completed Initials_



Name	e:	Date:
Addre	ess:	Phone:
Email	:	
Librar	ry Card Number:	
Guide	(name), have read the Haverford elines, and agree to follow them and receive required train y time without notice and that I will make myself aware of	ing. I understand that these guidelines may change
I agree that by signing this agreement and/or utilizing the HTFL MakerSpace, I shall defend, indemnify, and hold harmless the Haverford Township Free Library, its officers, officials, employees, and volunteers from and against any and all claims, suits including attorney fees, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of my use of the MakerSpace.		
result	understand and agree that I am financially responsible for ling from my misuse or failure to follow all guidelines. I undepair and/or replacement costs of the equipment resulting	derstand that I am responsible for and agree to pay
Librar	n injured or become ill while involved in MakerSpace activity and its employees, volunteers, agents and representatives. I agree to pay all costs of such medical care and transpo	es to call for emergency medical assistance on my
I agre	e to pay for any and all use and material fees involved in u	ise of the MakerSpace.
Signature: I		
_		
	Parent/Guardian Information (applicable only for in	dividuals under the age of 18)
	Parent or Legal Guardian Full Name:	
	Parent/Guardian Library Card Number:	-
	Parent or Legal Guardian Signature:	Date: