

Customer Agreement Form		
I,, (please prir	nt) understand that in using the Creation Spaces at	
Vaughan Public Libraries (VPL), I will be held fully respor		
myself and/or my child.		
I will adhere to all VPL policies and procedures inclu- Policy, and Internet Policy.	ding: Operational Policy, Code of Conduct, Copyright	
I understand the inherent risks associated with the understand that may be used within the Creation Space		
$\hfill \square$ I agree to assume and accept all risks arising out of,	or associated with, my use of the Creation Spaces.	
I understand that I am responsible for the full replacement or repair cost as determined by the library from activities causing damage to the space, equipment, systems, software or computers.		
I understand that I am responsible for saving any wo work saved on library equipment will be deleted.	ork I wish to preserve to my own external device. Any	
☐ I understand that VPL is not responsible for loss of d	ata/information or damage to personal devices.	
I understand that the Creation Spaces may be used for lawful purposes only and will not be used to create		
material that is:		
Prohibited by local, provincial or federal law.		
Unsafe, harmful, dangerous or poses an immedi	ate threat to the well-being of others.	
Obscene or otherwise inappropriate for the Libr		
<u> </u>	ghts. The equipment must not be used to reproduce	
material that is subject to copyright, patent or to		
I understand that the Library reserves the right to re	•	
I understand that the Library is not responsible for a		
I diluerstatio tilat tile Library is not responsible for a	ujusting any mes for fabrication.	
Initial:	Date:	
<u>Fees</u>		
	and consequents to the chart available on the website	
I understand that fees apply to specific goods and services according to the chart available on the website.		
Initial:	Date:	



Booking Procedures

I understand that my valid VPL Library Card number which is in good standing must be used at the time of	
booking and presented upon arrival for the booking	
I understand that appointments are only available to be booked by the website booking system.	
I understand and will abide by the occupancy limits of each space.	
 Film and Photo Studio: 6 people 	
 Recording Studio: 6 people 	
☐ I understand that each booking is subject to a time	limit as outlined on the booking page.
☐ I understand that the Create It! Spaces are designed to be used by users 16 years and older.	
I understand that children under 16 must be accom	panied by an adult in the Film and Photo Studio and
Recording Studio.	
I understand that the maximum 3D printing time is	7 hours.
I understand that only designated library staff have	
I understand that all users of Stand-alone VR Devices must be 13 and older and must read and adhere to	
all Health & Safety Rules and Guidelines.	is must be 15 and older and must read and danere to
I understand that covered beverages are allowed in	our spaces, and food is not permitted
Tunderstand that covered beverages are anowed in	our spaces, and rood is not permitted.
Initial:	Date:
I agree to have my work featured on Vaughan FI have read and understand the information n terms and conditions.	Public Library's social media outlets. (Optional) oted above and by signing below I agree to these
☐ I have read and understand the information n	oted above and by signing below I agree to these
I have read and understand the information n terms and conditions.	oted above and by signing below I agree to these
I have read and understand the information neterms and conditions. Library Card Number: Name (please print):	oted above and by signing below I agree to these
☐ I have read and understand the information n terms and conditions. Library Card Number:	oted above and by signing below I agree to these
I have read and understand the information neterms and conditions. Library Card Number: Name (please print):	oted above and by signing below I agree to these
I have read and understand the information neterms and conditions. Library Card Number: Name (please print): Signature:	oted above and by signing below I agree to these
I have read and understand the information in terms and conditions. Library Card Number: Name (please print): Signature: Date:	red to sign.
□ I have read and understand the information in terms and conditions. Library Card Number: Name (please print): Signature: Date: □ If under 18, a parent or legal guardian is required.	red to sign.

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1990, MFIPPA\Regulation 29. Personal information on these forms is collected in order to process the request after which the forms are destroyed. Non-identifying statistical information is retained. Questions regarding the collection of this information should be directed to the Director of Service Delivery. Freedom of Information Requests should be mailed to: Vaughan Public Libraries Administration Offices 2191 Major Mackenzie Drive, Vaughan, Ontario L6A 4W2