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## Form – VR Experience Wavier

I, \_\_\_\_\_ (print name), hereby acknowledge that I have voluntarily chosen to participate in the Virtual Reality (VR) experience offered by Headway Gippsland.

### Acknowledgment of Risks

I understand that using VR technology may involve risks including, but not limited to:

- Dizziness, nausea, or motion sickness
- Disorientation or loss of balance
- Eye strain or visual abnormalities
- Potential triggers for those with photosensitive epilepsy
- Being seated while wearing the VR headset.

### Release of Liability

In consideration for being permitted to participate in this VR experience, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

I agree to release Headway Gippsland, their employees, and their volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities brought as a result of my involvement in this activity.

### Health Certification

I certify that I am in good health and do not suffer from a heart condition, epilepsy, severe headaches, or any other condition that may be aggravated by the use of VR technology.

### Code of Conduct

I agree to follow all instructions provided by Headway Gippsland staff regarding the use of VR equipment and to behave in a manner that ensures the safety of myself and others.

### Age Restriction

I confirm that I am at least 13 years of age. If I am under 18, I have obtained parental consent as evidenced by my parent/guardian's signature below.



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By signing below, I acknowledge that I have carefully read this waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Headway Gippsland, and I sign it of my own free will.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Headway Gippsland Representative name: \_\_\_\_\_

Headway Gippsland Representative Signature: \_\_\_\_\_