

MakerSpace Agreement

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

Name _____ Birthdate: _____

Library Card #: _____ DL # _____

Address: _____

Phone #: _____ Email: _____

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Parent/Guardian (if under 18): _____

Phone #: _____ Email: _____

Address: _____

Certification or training complete: *For staff use only*

Signed Agreement completed: _____ Staff initials: _____

Cricut Cutter Training completed: _____ Staff initials: _____

Sewing Machine Training completed: _____ Staff initials: _____

Embroidery Machine Training completed: _____ Staff initials: _____

Sketch 3D Printer certified: _____ Staff initial: _____

VHS/DVD Conversion Training certified: _____ Staff initials: _____