

## Waiver and Declaration for Augmented Reality / Virtual Reality Experiences at Victoria University of Wellington (VUW)

### Waiver

I acknowledge and agree with Victoria University of Wellington (VUW) that my participation in the Augmented Reality / Virtual Reality or other Demonstration Experience (**AR/VR Experience**) at VUW is governed by the following:

1. I understand that participation in the AR/VR Experience involves various risks including hazards associated with physical activity and motion sickness. I agree to participate at my own risk.
2. I will comply with any directions given by or on behalf of VUW, including the staff members operating the AR/VR Experience, at all times.
3. To the fullest extent permitted by law, I release Victoria University of Wellington, its representatives and any others involved in the AR/VR Experience activity from all liability, claims or damages of any kind whether in contract, tort (including negligence) or otherwise, arising from my participation in the AR/VR Experience.
4. I indemnify Victoria University of Wellington, its representatives and any others involved in the AR/VR Experience activity, and will keep them indemnified, from any loss or damage arising from any claims by any other person from or in connection with my participation in the AR/VR Experience, whether in contract, tort (including negligence) or otherwise.

### Augmented Reality (AR) and Virtual Reality (VR) Experience Rules

To ensure your full experience at the Augmented Reality (AR) and Virtual Reality (VR) activity, please follow the AR/VR facilitator's instructions during the activity.

1. To enter the AR/VR Experience, you must wear a AR/VR headset which will totally block your view of your real location. As a result, an facilitator will assist you while you use the AR/VR headset.
2. Please keep the headset on at all times during the activity and do not remove the headset by yourself. If you have any concern with the headset, please communicate promptly with the AR/VR facilitator.
3. Glasses and contact lenses are able to be worn under the AR/VR headset
4. Please refrain from eating and drinking while participating in AR/VR activities
5. While wearing the AR/VR headsets, users often feel disorientated, dizzy, nauseous and other symptoms related to 'cyber-sickness'. By taking part in this activity, you are agreeing that you understand the risk of feeling the effects of cyber-sickness.
6. You may need to sit down for a period of time after your AR/VR experience until these subside if you do have dizziness symptoms.

In the following cases, please notify the facilitator immediately:

1. At any time you have any health & safety questions regarding your experiences, such as nausea, dizziness, or any other sudden illness.
2. A sudden suspension of the experience, such as blackout, or a frozen image.
3. Any other situation which you feel unable to continue with the AR/VR activity and would like help or to stop.

We recommend that you do not enter the AR/VR experience when tired, ill, under the influence of alcohol or drugs, in pain, or feel stressed or anxious in any way, as these factors can increase your risk of potential issues.

In case of emergencies, such as fire or earthquake, the facilitator will stop the AR/VR activity, help you to remove the AR/VR headset and then you can move to safety with standard emergency procedures. Please follow the instructions from VUW staff members and any emergency personnel.

### **Declaration**

I \_\_\_\_\_ (full name) have read and understood the above Waiver, and the AR/VR Experience Rules (a copy of which has been made available to me). I acknowledge and agree to the terms of the Waiver, and that:

- (a) I am in good health and fit to participate in the AR/VR Experience;
- (b) I am solely responsible for determining whether I am fit to participate in the AR/VR Experience and I remain solely responsible notwithstanding any advice, direction or guidance provided by VUW and facilitators;

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

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

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

### **If participant is under 18 years old:**

I \_\_\_\_\_ am the parent / legal guardian of the individual named above, I have read the terms of the above Waiver and the AR/VR Experience Rules, and I understand and agree to these terms.

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

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