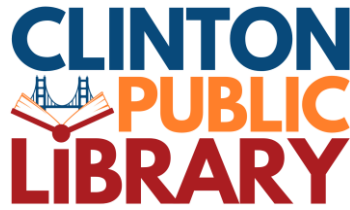


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**Clinton Public Library's Makerspace Agreement and Waiver**

By signing this agreement and waiver, I indicate that I understand the terms of the policies, procedures, and fees associated with the Makerspace and agree to abide by it when using the equipment.

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Print Name

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Signature

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Date

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Phone Number

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E-mail address

**Parent or Legal Guardian's Signature (if under 15)**

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Signature

---

Date

*The Library reserves the right to change this policy at any time.*