

MakerSpace Agreement

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

Name _____ Birth date: _____

Library Card #: _____ DL # _____

Address: _____

Phone #: _____ Email: _____

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Parent/Guardian (if under18): _____

Phone #: _____ Email: _____

Address: _____

Certification or training complete: *For staff use only*

Signed Agreement	complete: _____	Staff initials: _____
Cricut Cutter Training	complete: _____	Staff initials: _____
Sewing Machine Training	complete: _____	Staff initials: _____
Embroidery Machine Training	complete: _____	Staff initials: _____
Button Maker Training	complete: _____	Staff initials: _____
Tumbler/Mug Heat Press	complete: _____	Staff initials: _____
Sketch 3D Printer	certified: _____	Staff initial: _____
VHS/DVD Conversion Training	certified: _____	Staff initials: _____