Please return signed form to CAVS (Classroom Audio Visual Services) in person: Mills Memorial Library, room L305; by email: equipbkg@mcmaster.ca; or by fax: 905-524-9850

Session Date(s): ________________________ Name (print): ______________________________

McMaster University Library -- Wong e-Classroom Use Agreement

As a user of the Wong e-Classroom, room L107 of McMaster University Library, I agree to:

- Take personal financial responsibility for losses or damages to the equipment and contents
- Safeguard the equipment by not leaving it unattended at any time, and by not sharing the keypad codes to the room with anyone
- Leave the room and equipment in a secure state
- Inform staff of any problems with or damage to the equipment
- Follow the guidelines for use of the room found on: http://library.mcmaster.ca/content/wong-e-classroom-guidelines

I have read and understand the Wong e-Classroom Agreement and agree to abide by the policies described above. In the event of a loss, theft or damage while the room is being used by me, I understand that I am financially responsible for the equipment and its accessories.

McMaster University ID Number (if applicable): ____________________________________________________

Email: ___________________________ Phone: ___________________________ Date: ___________________________

Name (please print): ___________________________ Signature: ___________________________

Sponsoring McMaster faculty or staff signature, to be completed if the signatory is not a McMaster employee:

Sponsor Name (please print): ___________________________ Sponsor Signature: ___________________________

FOR STAFF USE ONLY
Please complete below upon reception of form. Completed forms will reside with CAVS.

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<th>Student</th>
<th>Staff</th>
<th>Faculty</th>
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Current validation sticker Non-McMaster

Dept./Faculty __________________________

Staff initials __________

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