



BEATRICE
PUBLIC LIBRARY

**BEATRICE PUBLIC LIBRARY
MAKERSPACE MEMBERSHIP APPLICATION**

MEMBER INFORMATION

FULL NAME: _____ D.O.B: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

I WOULD LIKE TO RECIEVE NOTIFICATIONS THROUGH: CALL TEXT EMAIL

MEMBERSHIP TYPE

Limited equipment can be used at no cost to library patrons with a library card.

____ Day Membership: \$7 fee. Access to all equipment, limited to one business day.

____ Individual/Household Membership: \$15 per month. Access to all equipment.

Individual/Household membership periods are one calendar month from the date of sign-up (ex. May 23rd to June 23rd). There are no refunds for payment of membership fees. Membership fee does not include cost of materials. Some equipment will be limited for use to members ages thirteen (13) and older.

RELEASE AND WAIVER

In consideration of the use of the Beatrice Public Library Makerspace Facility ("Facility"), I/we do hereby release the City of Beatrice, Nebraska ("City"), its employees, agents, officers, elected officials, appointed officials, and successors in interest from any and all liability, causes of action, damages, claims, or demands of every nature that may arise from the use of the Facility. This Release and Waiver covers all injuries, damages, and causes of action, whether known or unknown, or which may later develop from the use of the Facility or the activities occurring therein.

This Release and Waiver is signed freely and voluntarily. It shall be binding on the undersigned, his/her heirs, parents, guardians, agents, assigns, and any other person who seeks or may seek to bring a claim, cause of action, or demand on my/our behalf against the City or its employees, agents, officers, elected officials, appointed officials, or assigns.

I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER AND AGREE TO ALL OF ITS TERMS AND CONDITIONS.

Dated this ____ day of _____, 20 ____.

Participant Signature

Parent/Guardian Signature
(for participants under age eighteen (18))

Witness



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FOR STAFF USE ONLY:

MEMBER NAME: _____ ACCOUNT NUMBER: _____

For household memberships, list the additional patron(s) included in the household.

NAME: _____ ACCOUNT NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

CONTACT

For questions and additional information, contact the Beatrice Public Library Makerspace at:

100 N 16th Street | Beatrice, NE 68310
(402)223-3584
makerspace@beatrice.ne.gov
beatrice.ne.gov/library