## Twinsburg Public Library – Creative Lab Registration

Name:		
Library Card:	OR Government	Issued ID Number:
Address:		
City:	State:	Zip Code:
Home Phone:	Work Ph	none:
By signing this registration form, I	l:	
<ul> <li>liabilities for injury or dear of the Creative Lab.</li> <li>am responsible for all equidamage or loss.</li> <li>agree to pay for any and a am solely responsible for the sole</li></ul>	ath of any person, or for loss or outperson that I use. I will pay any all material fees involved with the content I create.	
Failure to adhere to	these policies and procedures n	may result in forfeiture of future use.
Signed:		Date:
f Use Only		