THE POD USE AGREEMENT

DATE: _____/_____/_____

STATEMENT OF RESPONSIBILITY:
All signed borrowers are responsible for the condition of the room and equipment. Problems with equipment or cleanliness caused by a previous user must be reported to the Student Technology Assistance Center staff before using the room. The library is not responsible for unattended personal belongings.

RESTRICTIONS:
A valid Wright State University ID must be presented to use the room. This room may only be used by Wright State University students to capture audio, video and photos files. While a class assignment is not a requirement for usage, any and all use must be for educational purposes. The room is not a private study room.

USE AGREEMENT:
I agree to abide by the following room use rules:
• I will use The Pod room only for the purposes listed above.
• I understand that in order to avoid disturbing others, all noise must be kept to a minimum and headphones must be used when listening to sound on computers.
• I will not prevent my fellow students from a fair opportunity to use The Pod by attempting to retain access to this room longer than two hours.
• I will not bring food and drinks into The Pod.
• I will return all furniture and equipment to its original location before leaving the room.
• I understand that groups are limited to a maximum of 5 students.
• I understand that The Pod closes 30 minutes before the Student Technology Assistance Center closes.
• I understand that the library reserves the right to suspend my use of The Pod for a minimum of one academic semester if, in the opinion of library administration, I fail to abide by the spirit and intent of this policy.

EACH USER MUST PRINT THEIR NAME LEGIBLY:
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

REASON FOR USING THE ROOM:
☐ Class Assignment (print name of course) __________________________________________________________
☐ Other Educational Purpose (describe) _____________________________________________________________
______________________________________________________________________________________________

Staff Initials Out: ___________ Time Due: ___________ Time Returned: ___________ 
Staff Initials Returned: ___________ Room Check Initials: ___________