American Family Center, Inc.

Complete in print or on your mobile device.

Seniorocity VR Facility Consent & Acknowledgment

This form is completed by a facility representative to support participation in a Seniorocity VR session. These guided sessions encourage curiosity, conversation, and shared discovery.

Facility / Host Location: _____

Participant Name: _____

Session Date: _____

Health & Comfort
Please indicate if any of the following apply to help ensure a comfortable experience:

☐ Balance concerns
☐ Motion sensitivity / vertigo
☐ Vision or hearing limitations
☐ Prefer to discuss privately
☐ None of the above

Audio Documentation
With permission, facilitators may take brief audio notes during sessions for program improvement, training, and impact reporting. These recordings are not used publicly without additional consent.

☐ I acknowledge

Photo / Video / Testimonial Preference
Please select your preference for any photos or video taken during the session:

☐ No public media use
☐ Image only, no name
☐ First name only
☐ Full name, image, and testimonial

Please review the additional information and acknowledgments on the reverse side of this form.

Agreement & Signature
I have read and acknowledge this Seniorocity VR Session Facility Form. I confirm that I am authorized to complete this form on behalf of the participant named above. My signature indicates acknowledgment and approval for participation.

Printed Name: _____

Signature: _____

Date: _____

Additional Information & Acknowledgments

Participation & Liability
Seniorocity VR is a guided engagement experience and not medical care. Participation is voluntary and may involve temporary discomfort such as dizziness, fatigue, or emotional reactions.

By facilitating participation, the undersigned acknowledges this and agrees that American Family Center, Inc., NuVistas VR, Mynd Immersive, and participating partners are released from liability, except in cases of gross negligence or willful misconduct.

Facility Acknowledgment
This session is conducted in coordination with the host facility. Facility staff remain responsible for participant care and emergency response procedures.

Representative Authorization (if applicable)
I am authorized to complete this form on behalf of the participant named on the front of this document.

Representative Name: _____

Signature: _____

Date: _____