



Maggie's
Wigs 4 Kids
of Michigan
Helping the self-esteem of children

VR 4 KIDS PROGRAM



XR IMPACT
NETWORK

VR 4 Kids Program Pilot Contract

Wig Recipient Name: _____

I, _____ hereby voluntarily consent for my child _____ to participate in the VR 4 Kids Program pilot at Maggie's Wigs 4 Kids of Michigan.

- I understand that by participating in the VR 4 Kids Program pilot at Maggie's Wigs 4 Kids of Michigan, the VR equipment is being loaned to my family for a 30-day period and must be returned undamaged at the end of the pilot.
- I am aware I am responsible for tracking my child's progress of the physical, emotional & psychological benefits that VR provides throughout the 30-day period by completing the testing reports provided to me.
- I agree the reports, photos and/or videos I provide as documentation of the VR being utilized will be shared with XR Impact Network and its partner organizations as evidence of best-case practices of VR in use through a health-based environment.
- I accept that I am responsible as a parent/guardian to moderate content that is accessible through the VR headset which include current applications previously screened and approved by MW4K.

★ Any additional applications downloaded by the wig recipient, or their family are at the discretion of the parent/guardian.

My signature acknowledges that I have had an opportunity to fully discuss the above guidelines with my child and we agree to abide by the policies of the VR 4 Kids Program pilot at Maggie's Wigs 4 Kids of Michigan:

Parent/Guardian Signature

Date

Parent/Guardian Name

Relationship

I agree to release the VR equipment on a loan-basis to the above wig recipient & their family to utilize and benefit from our VR 4 Kids Program pilot at Maggie's Wigs 4 Kids of Michigan:

Maggie Varney, Founder & CEO
Signature

Date