Metropolitan Water Reclamation District of Greater Chicago

Facility Visit Release and Indemnity

Name of Group: **Chicago Section American Chemical Society** Today's Date: _____

I hereby request permission to enter the facilities of the Metropolitan Water Reclamation District of Greater Chicago ("MWRD") selected below (*check all that apply*):

___ **Stickney WRP**, 6001 W. Pershing Rd., Cicero, IL

___ **Terrence J. O'Brien WRP**, 3500 Howard St., Skokie, IL

On **June 16, 2016**, for the purpose of **touring the facility**
(visit date)

I fully understand the hazards which may be encountered at the plant and understand and agree that the MWRD will derive no benefit from my presence on the premises. I understand and agree that this visit is educational in nature and I must stay with the tour group and away from any people or equipment involved in the working of the pumping station and plant. I understand and agree that I must wear long pants and sturdy shoes (dresses, shorts, sandals and high heels are not permitted). **I understand and agree that I must submit a copy of my state-issued driver's license, state-issued ID or passport in advance of the visit for a security check. I must also bring the original ID on the day of the visit.** I understand that Student IDs and Temporary Visitor Driver's Licenses are not acceptable forms of identification. I understand and agree that I will be subject to search. I understand and agree that no cameras, video equipment, recording devices, or cell phones may be used at any time during the visit. I understand that such devices may be confiscated at the commencement of the tour and returned upon conclusion of the tour. I understand and agree that backpacks, carry bags, large purses, drinks and food will not be permitted during the visit. Please note there may be an exemption for possessing food or drink for those participants who have pre-approval based upon medical need (such as a diabetic condition). Possession of firearms or ammunition on MWRD property is prohibited pursuant to the Firearms Conceal Carry Act, 430 ILCS 66.

In consideration of being allowed to undertake this activity, for myself, my heirs, successors, executors, administrators and assigns, I forever REMISE, RELEASE AND DISCHARGE the MWRD, its Commissioners, officers, agents, and employees from any liability for personal injury to or death of myself or damage to my personal property which may arise due to my presence on the subject MWRD facilities. I agree to be solely responsible for and to defend, indemnify, keep and save harmless the MWRD, its Commissioners, officers, agents, and employees against all injuries, losses, damages, liens, suits, liabilities, judgments, costs, and expenses which may in any way accrue directly or indirectly, against the MWRD, its Commissioners, officers, agents, and employees, in consequence of the granting of this permission.

Name (*printed*): _____

Signature (*parent or guardian to sign if participant is a minor*): _____

Telephone Number: _____ Email Address: _____

Street Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Age: _____ Date of Birth: _____

Place of Employment or School: _____ Telephone:_____

Address: _____

If a translator is required, please state the language requiring translation: _____