

Metropolitan Water Reclamation District of Greater Chicago

Plant Tour

Release and Indemnity

Name of Group: _____ Date: _____

I hereby request permission to enter the facilities of the Metropolitan Water Reclamation District of Greater Chicago ("District") listed below.

Plant Location:

Calumet WRP Hanover WRP Lemont WRP Mainstream PS Prairie Plan
 Egan WRP Kirie WRP Lockport PH North Side WRP Stickney WRP

On _____, for the purpose of _____
(date(s))

I fully understand the hazards which may be encountered at the plant and realize that the District will derive no benefit from my presence on the premises. I realize that this tour 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 realize that I must wear long pants and sturdy shoes (no dresses, shorts, sandals, or high heels will be allowed). **I realize that I must submit a copy of my state driver's license or state ID at the time of applying for a tour and bring the original ID to the tour itself.** I realize that I will be subject to search. I realize that no cameras, video equipment, telescopes, binoculars, cell phones, back packs, carry bags, purses, walkmans, iPods, drinks and food will be allowed on the tour.

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 District, 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 District facilities. I agree to be solely responsible for and to defend, indemnify, keep and save harmless the District, its Commissioners, officers, agents, and employees against all injuries, loses, damages, liens, suits, liabilities, judgments, costs, and expenses which may in any way accrue directly or indirectly, against the District, its Commissioners, officers, agents, and employees, in consequence of the granting of this permission of which may in any wise result therefrom.

Name: (Print) _____

Signature: _____ Telephone Number: _____

Signature of Parent or Guardian: (if the tour participant is a minor) _____

Street Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Age: _____

Place of Employment or School: _____

Address: _____

Work Phone Number: _____ Contact Person at Work: _____

Will a translator be required? If so, in what language? _____

List your professional organizations:

For office use only

Received by: _____

District Employee Identification Number: _____

Copy of ID Received? Yes No

Form of ID Received _____

Facility: _____

Tour Date: _____

Name of Group: _____

Tour Application Form

Please ask all tour participants to complete the information below. This form must be completed and returned to the Public Information Office no later than 30 days prior to the scheduled tour date.

100 East Erie Street
Chicago, Illinois 60611
Phone: 312/751-6634 Fax:312/751-6635

Name: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Contact: _____

Please attach a copy of a driver's license, state I.D or photo page of a passport in the space below.