



Wastewater Treatment Tour Release Form

Please complete all applicable sections of form and sign. Unsigned releases will constitute an incomplete application.

Participant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Emergency Information:

Emergency Contact _____ Phone _____

Relationship: _____

Assumption of Risk, Waiver and Release

Participant Waiver and Release (18 years and older):

I am fully aware certain dangers and risks are inherent in site visits offered by The City of Dade City Wastewater Treatment Plant. In consideration of being allowed to participate in these site visits, I hereby assume all risk of physical injury, death, damage and liability arising from such site visits, and hereby release The City of Dade City Wastewater Treatment Plant, its officials, employees and agents, and waive any right of recovery I might have to bring a claim or lawsuit against them, for personal injury, death, damage or liability arising out of my voluntary participation in such site visits of The City of Dade City Wastewater Treatment Plant facilities. I agree that photographs taken of me during such activities may be used on the City Website/Facebook.

Signature _____ Date _____

Parent/Guardian Waiver and Release (under age 18):

I hereby grant my full consent and authorization for the above-named child to engage in site visit offered by The City of Dade City Wastewater Treatment Plant. I certify I am the parent or legal guardian of the above-named child; that I have read and understand the foregoing "Participant Waiver and Release"; and that, in consideration of The City of Dade City Wastewater Treatment Plant allowing this child to participate in site visit of The City of Dade City Wastewater Treatment Plant facilities, I join in the waiver and release without reservation and agree to release and waive any claim or right of recovery I might have arising out of any injury, death or damage this child may sustain as against The City of Dade City Wastewater Treatment Plant, its officials, employees and agents. I agree photographs taken of this child during such activities may be used on the City website/Facebook.

Parent / Guardian Signature _____ Date _____

Parent/Guardian Medical Consent (under age 18):

As the parent or legal guardian, I authorize The City of Dade City Wastewater Treatment Plant staff to render first aid to the above-named minor child in the event of injury. Also, I authorize a licensed medical professional to examine this minor child and, in the event of injury, to render such care as he or she deems necessary for the treatment of such injury. I further authorize The City of Dade City Wastewater Treatment Plant staff to send this child to the hospital or licensed medical professional most accessible in the event of an injury or accident.

Parent / Guardian Signature _____ Date _____