



# Metropolitan Water Reclamation District of Greater Chicago

## Facility Visit Release and Indemnity

Name of Group: IAFSM Young Professionals Group 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*):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Stickney WRP</b> , 6001 W. Pershing Rd., Cicero, IL           | <input type="checkbox"/> <b>Hanover Park WRP</b> , 1220 Sycamore Ave., Hanover Park, IL                   |
| <input type="checkbox"/> <b>Calumet WRP</b> , 400 East 130 <sup>th</sup> St., Chicago, IL | <input type="checkbox"/> <b>Lemont WRP</b> , 13 Stephen St., Lemont, IL                                   |
| <input type="checkbox"/> <b>Terrence J. O'Brien WRP</b> , 3500 Howard St., Skokie, IL     | <input checked="" type="checkbox"/> <b>TARP Mainstream Pumping Station</b> , 6100 River Rd., Hodgkins, IL |
| <input type="checkbox"/> <b>John E. Egan WRP</b> , 550 S. Meacham Rd., Schaumburg, IL     | <input type="checkbox"/> <b>Lockport Powerhouse</b> , 2400 S. Powerhouse Rd., Lockport, IL                |
| <input type="checkbox"/> <b>James C. Kirie WRP</b> , 701 Oakton St., Des Plaines, IL      | <input type="checkbox"/> <b>Other:</b> _____  |

On 2/7/2020, for the purpose of group tour  
*(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:* \_\_\_\_\_