

# Metropolitan Water Reclamation District of Greater Chicago

## Facility 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  
 Main Office Bld./McMillan Pav.    Egan WRP    Kirie WRP    Lockport PH  
 North Side WRP    Stickney WRP    SEPA Station Pump House

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 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 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

### Application Form

Please ask all tour participants to complete the information below. This form must be completed and returned to Mary Carroll 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 tape a copy of a  
driver's license, state I.D or  
photo page of a passport in  
the space below.**