



Metropolitan Water Reclamation District of Greater Chicago

Facility Visit Release and Indemnity Waiver

I hereby request permission to enter the property of the Metropolitan Water Reclamation District of Greater Chicago ("MWRD") on _____ (date of visit), at the facility selected below:

- ___ Calumet WRP, 400 East 130th St., Chicago, IL
- ___ Egan WRP, 550 S. Meacham Rd., Schaumburg, IL
- ___ Hanover Park WRP, 1220 Sycamore Ave., Hanover Park, IL
- ___ Kirie WRP, 701 Oakton St., Des Plaines, IL
- ___ Lemont WRP, 13 Stephen St., Lemont, IL
- ___ n/a Lockport Powerhouse, 2400 Powerhouse Rd., Lockport, IL
- ___ O'Brien WRP, 3500 Howard St., Skokie, IL
- ___ Stickney WRP, 6001 W. Pershing Rd., Cicero, IL
- ___ TARP Mainstream Pumping Station, 6100 River Rd., Hodgkins, IL
- ___ Other: _____

As witnessed by my signature below, I fully understand the hazards that I may encounter at MWRD facilities. I further understand and agree that:

- **In advance of my visit, I must submit a signed copy of this Waiver and provide a copy of my state-issued driver's license, state-issued ID or passport for a security check. I must also bring the original ID on the day of the visit. Student IDs and Temporary Visitor Driver's Licenses are not acceptable forms of identification.**
- The MWRD will derive no benefit from my presence at the facility. I will be subject to search.
- This is an educational visit, and I must stay with the tour group and away from any people or equipment involved in the operation of the facility.
- I must wear long pants and sturdy closed-toe shoes (dresses, skirts, shorts, sandals, and high heels are not permitted).
- No cameras, video equipment, recording devices, or cell phones may be used at any time during the visit. These devices may be confiscated at the commencement of the tour and returned upon conclusion of the tour.
- Backpacks, carry bags, large purses, drinks, and food (unless medically necessary) are not permitted during the visit.
- Possession of firearms or ammunition on MWRD property is prohibited pursuant to the Firearms Conceal Carry Act, 430 ILCS 66/1, *et seq.*
- If I am knowingly infected with any contagious virus or disease, I should not visit any MWRD facility.
- While the MWRD follows federal, state, and local guidance related to the spread of COVID-19, the MWRD cannot guarantee that I will not become infected with COVID-19 or any other virus while visiting a MWRD facility.
- I voluntarily assume the risk that I, or anyone that I may later encounter, may be exposed to or infected by COVID-19 or any other virus because of my visit to a MWRD facility.

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 MWRD's granting its permission for me to visit the facility.

Signature*: _____ Today's Date: _____

Printed Name: _____ Date of Birth: _____ Age: _____

Email Address: _____ Telephone Number: _____

Street Address: _____ City/State/Zip: _____

Country of Residence: _____ Place of Employment or School: _____

Name of Tour Group (if applicable): _____

Preferred language of your tour leader: _____

**Parent or guardian to sign this waiver if participant is a minor (under 18 years of age)*