

**Metropolitan Water Reclamation District of Greater Chicago**

**Plant Tour**

Release and Indemnity

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 11/27/09, for the purpose of Loop Church group tour  
(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: Stickney WRP

Tour Date: 11/27/09

Name of Group: Loop Church

**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: \_\_\_\_\_ **Attach copy of photo identification below**

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_