

**CITY OF THORNTON WATER TREATMENT TOUR CONDITIONS AND  
WAIVER, RELEASE AND ASSUMPTION OF RISK**

**This signed form is required from you as a participant or for your minor child to participate in the \_\_\_\_\_ Water Treatment Plant tour scheduled on \_\_\_\_\_.  
Please return this signed form to \_\_\_\_\_ the tour organizer.**

I \_\_\_\_\_ am a participant or parent or legal guardian of \_\_\_\_\_, a participant in the tour.

This tour will be held on \_\_\_\_\_. I acknowledge that my participation in this tour, or that of my child, involves an inherent risk of physical injury and/ or damage to personal property. Risk of injury includes, but is not limited, to electrical and mechanical dangers, chemical exposure and trip/slip hazards. I expressly assume such risk for myself and my minor child and release and waive any claims against the city of Thornton, its agents, employees and insurers for any injuries to persons, or damage to property that may occur during the course of the tour. I further agree for myself and my minor child to hold the city of Thornton, its agents and employees harmless for any injury the participant may sustain during the tour.

This waiver, release and assumption of risk shall be effective and binding upon the signatory hereto and minor if applicable. The signatory hereto acknowledges she/he has read and knowingly and willingly has signed this waiver, release and assumption of risk agreement and understands its terms.

**Participant agrees to the following conditions:**

Participant will not interfere with the city of Thornton water treatment operations. Participants are required to behave in an appropriate manner and failure to do so will result in an immediate termination of the tour.

Participant must comply with all city of Thornton safety and security requirements announced during the tour.

Photographs of the tour and the Participant may be published by the city of Thornton. Participants are prohibited from taking photographs while on the tour.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant or Parent or Guardian if participant is under 18 years of age)

\_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to Participant \_\_\_\_\_