

## Wastewater Treatment Plant Site Registration Form

Please complete all applicable sections of form and sign, unsigned releases will constitute an incomplete application.

Participant:	_ Phone:	
Address:	_ City:	Zip:
Emergency Information:		
Emergency Contact	Phone	
Relationship:		
Assumption of Risk, Wa	iver and Releas	e
Participant Waiver and Release (18 years and older): I am fully aware certain dangers and risks are inherent in Wastewater Treatment Plant. In consideration of being al assume all risk of physical injury, death, damage and liab release The City of Wenatchee Wastewater Treatment Pl waive any right of recovery I might have to bring a claim of death, damage or liability arising out of my voluntary parti Wenatchee Wastewater Treatment Plant facilities. I agree activities may be used on the City website/facebook.	lowed to participat illity arising from su lant, its officials, er or lawsuit against t icipation in such si	re in these site visits, I hereby uch site visit, and hereby mployees and agents, and them, for personal injury, te visit of The City of
Signature	D	Date
Parent/ Guardian Waiver and Release (under age 18):  I hereby grant my full consent and authorization for the aboffered by The City of Wenatchee Wastewater Treatment of the above-named child; that I have read and understar Release"; and that, in consideration of The City of Wenatchild to participate in site visit of The City of Wenatchee V the waiver and release without reservation and agree to r I might have arising out of any injury, death or damage th Wenatchee Wastewater Treatment Plant, its officials, emonths of this child during such activities may be used on the City	Plant. I certify I arnd the foregoing "Pochee Wastewater Treatmelease and waive is child may sustaiployees and agent	m the parent or legal guardian Participant Waiver and Treatment Plant allowing this nent Plant facilities, I join in any claim or right of recovery in as against The City of its. I agree photographs taken
Parent/Guardian signature	Date	9
Parent/Guardian Medical Consent (under age 18): As the parent or legal guardian, I authorize The City of W render first aid to the above-named minor child in the ever professional to examine this minor child and, in the event deems necessary for the treatment of such injury. I furthe Treatment Plant staff to send this child to the hospital or I the event of an injury or accident.	ent of injury. Also, I of injury, to rende er authorize The Ci	authorize a licensed medical r such care as he or she ty of Wenatchee Wastewater
Parent/Guardian signature	Date	9