

This form must be completed by all attendees.

School or Group Name

Date of Tour

RELEASE OF LIABILITY FORM
Seminole County Water Operations Department

I hereby sign this release on behalf on myself/my child (circle appropriate person). I understand that these are fully operating water treatment facilities which include potential hazard areas. I understand that the signing of this release is in consideration for being allowed to tour the facilities of the Seminole County Water Treatment Plants. I further understand that the purpose of this release is to protect the Seminole County Utilities Department and its agents from liability from any injury, claim or damage to myself/my child that may occur during the course of or may arise out of my/my child's participation in the tour.

Print Name of Person going on tour

Print Name of Parent or Guardian, if under 18

Signature of Person going on tour

Signature of Parent or Guardian, if under 18

Age of Person going on tour, if under age of 18

Street Address

City, State, Zip

Telephone Number