

RELEASE

I,		, wish to tour the City of Waxahachie water
treatment plant and/or	the wastewater treatm	nent plant, and recognize that there are risks in touring
the plant, including but	not limited to water s	storage tanks, chemicals used in water treatment, heavy
equipment, and risks of	f slipping, falling, etc	e., and in order to be allowed to tour the plant I hereby
release the City of Wa	xahachie, and its emp	ployees and agents, from any and all liability for any
injury, death, or proper	ty damage that might	t occur during said tour. I provide that I am at least 18
years of age, or if I am	under that age, that r	my parents or legal guardians have signed with me.
Dated this	day of	, 2019.
		Printed Name
		Signature
		Signature
Parents or guardian's s	ionature if under 18 y	wears of ana-
raichts of guardian's s	ignature if under 10 y	years of age.
		Printed Name
		·
		Signature