



Wastewater Treatment Plant Tour

Waiver of Liability

Participant Name: _____ **Date:** _____

I voluntarily request to participate in a guided tour of the City of Statesboro Wastewater Treatment Plant (WWTP). I understand this is an active Wastewater facility and participation involves inherent risks.

Assumption of Risks

I acknowledge that during the tour I may be exposed to:

- Biological hazards including bacteria, viruses, pathogens, untreated or partially treated wastewater, and associated odors or aerosols.
- Industrial hazards including machinery with moving parts, loud noise, automatically-operating equipment, and restricted or high-risk areas.
- Environmental hazards including uneven, wet, or slippery walkways, grated surfaces, stairs, steps, elevated platforms, and outdoor conditions (heat, cold, or rain).

Physical, Mental, and Emotional Limitations

I confirm that I am physically, mentally, and emotionally able to walk, stand, climb stairs, and tolerate potentially uncomfortable sights, smells, or conditions. I agree to notify staff of any health conditions that may limit my ability to safely participate.

Participant Responsibilities

I agree to follow all instructions, and remain in designated areas, and I understand that failing to do so may increase my risk of injury.



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Release and Hold Harmless

I release and hold harmless the City of Statesboro, its employees, officials, agents, and representatives from all liability arising from this tour.

Emergency Care Consent

I authorize WWTP personnel to seek emergency medical assistance if needed.

Acknowledgment

I have read and understand this waiver, and voluntarily agree to its terms.

Participant Signature: _____

Parent/Guardian (if under 18): _____