

INFORMATION, WAIVER AND RELEASE FORM

For Tours of the City of Toronto Water and Wastewater Treatment Facilities

I, _____ wish to visit and receive a tour of the City of Toronto's
(print name)

F.J. Horgan Water Treatment Plant on: _____
(Enter Date Above)

PLEASE READ CAREFULLY

This is an operating facility, employing heavy equipment and industrial processes. There are risks of serious physical injury inherent in touring this Facility, which you should be aware of before undertaking this visit and tour, which include but are not limited to hazards from exposure to chemicals, noise, vapours and potentially biological organisms.

You should not take the tour if you are not physically able to do so, and you should be prepared to be careful and look out for your own safety at all times while visiting and touring the facility.

ACKNOWLEDGEMENT

I, _____, have read the above and am aware that the risks, dangers and hazards referred to above exist, and that in signing this form, I willingly assume the risks, in return for the opportunity to visit and tour the Facility. I shall abide by the rules, regulations, policies and procedures of the City related to the Facilities and safety.

I am unaware of having any health-related problems or injuries which could cause injury or further injury to myself while engaging in activities at the Facility. I understand and accept the risks that I may be exposed to during my tour of the Facility and acknowledge that I am solely responsible in this regard.

WAIVER AND RELEASE

I, _____, for myself, and on behalf of my heirs, executors, administrators, insurers, agents, and assigns, hereby forever waive, release and hold harmless the City of Toronto, its Council, Mayor, Councillors, elected and appointed officials, employees, officers, directors, contractors, consultants, insurers and other agents, of and from any and all liability, based in law, statute or equity, howsoever caused, directly or indirectly, arising in any way from my visit and tour of the facility.

By signing this form, I acknowledge that I have read and understood this form and that I agree to be bound by the contents of this form.

Dated at _____ this _____ day of _____, 2019.

(Signature)

(Witness name: print)

(Witness name: signature)

The personal information on this form is collected under the authority of sections 7 and 8(1), (2) paras. 6 and 7. of the *City of Toronto Act, 2006*, S.O. 2006 and will be used to process requests for a tour of the Facility and administration of same. Questions relating to the collection of this information may be directed to Corporate Security- Jeff Peck-416-392-6111.