VOLUNTARY RELEASE – ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT FOR
EAST BAY MUNICIPAL UTILITY DISTRICT MAIN WASTEWATER TREATMENT PLANT
PUBLIC TOUR ATTENDEES

For and in consideration of permitting [ENTER NAME:_____] to participate in a public tour of Main Wastewater Treatment Plant located at East Bay Municipal Utility District (EBMUD) property at 2020 Wake Avenue, Oakland, California, 94607, on [ENTER DATE:_____], the undersigned hereby VOLUNTARILY RELEASES, DISCHARGES, WAIVES AND COVENANTS NOT TO SUE EBMUD, ITS DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES (RELEASEES) for any and all loss, liability, expense, claims, suits, and damages, including attorneys' fees, arising out of or resulting from my participation in said activity including, but not limited to, negligent acts, errors or omissions, or willful misconduct of EBMUD or any other participant which causes the undersigned property damage, injury, or death. Additionally, by signing this agreement, I further release the RELEASEES from any and all claims and liabilities for injuries or property damage arising from my own negligent acts, errors or omissions, or willful misconduct.

The undersigned further agrees to indemnify, defend and hold the RELEASEES harmless from and against any loss, liability, expense, claims, suits, and damages, including attorney's fees, that arise out of or result from my participation in said activity(ies), and/or presence on EBMUD property.

The undersigned acknowledges that I am aware of the risks inherent in said activity(ies) and VOLUNTARILY elect to accept all risks associated with said activity(ies) and my entry onto EBMUD property to participate in said activity.

The undersigned acknowledges that I have read this document and understand that it is a release of all claims and assumption of all risk inherent in said activity. I am fully aware of the legal consequences of signing this document and I voluntarily sign my name evidencing my acceptance of the above provisions.

_____ _____
(signature of attendee) (street address)

_____ _____
(print name) (city, state, zip code)

_____ _____
(date) (phone number)

In the event that the volunteer applicant is under the legal age of consent, this form must be signed by a parent or legal guardian.

_____ _____
(signature of attendee) (street address)

_____ _____
(print name) (city, state, zip code)

_____ _____
(date) (phone number)