

Public Utilities Department

Date of Tour
LIABLITY FORM ic Utilities Department
my child (circle appropriate person). I understand twater treatment facilities which include potential his release is in consideration for being allowed to Department. I further understand that the purpose Utilities Department and its agents from liability y child that may occur during the course of or may our.
Print Name of Parent or Guardian, if under 18
Signature of Parent or Guardian, if under 18
Age of Person going on tour, if under age 18

Return this completed form to your Group Tour Facilitator.