

H2GO's Belville Wastewater Treatment Plant

** This form must be completed by A	ALL attendees. **	
School or Group Name (s)		Date of Tour
	Release of Li wick Regional W	ability Form ater and Sewer H2G0
operating wastewater treatment facility w is in consideration for being allowed to t purpose of this release is to protect Bru	which includes potent tour H2GO's Belville nswick Regional Wat nild (<i>circle appropri</i>	le appropriate person(s). I understand that this is a full- ial hazard areas. I understand that the signing of this release Wastewater Treatment Plant. I further understand that the ter and Sewer H2GO and its agents from liability from any late person(s) that may occur during the course of or magnification in the tour.
Print Name of Person Going on Tour		Print Name of Parent or Guardian, if under 18
Signature of Person Going on Tour		Signature of Parent or Guardian, if under 18
		Age of Person Going on Tour, if under 18
Street Address		
City, State, Zip		
Telephone Number		
	In Case of Emergen	ncy Contact Name
	In Case of Emergence	cy Contact Relation

In Case of Emergency Contact Number