

CONSENT TO PARTICIPATE IN
DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY
FACILITY TOUR

RELEASE OF LIABILITY
MEDICAL TREATMENT AUTHORIZATION

The undersigned desires to participate in a tour of one or more facilities of the DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY (the "Authority"), including any transportation associated therewith. The undersigned recognizes that participation in a tour involves the possibility of personal injury, and, understanding that risk, consents to participating in the tour(s).

The undersigned hereby releases, acquits, and discharges the Authority and each and every division, employee, or agent thereof, including their heirs, executors, administrators, successors, and assigns, from all present and future claims of any kind or character, and all liability now accrued or hereafter to accrue which the undersigned may have against the Authority or them on account of or because of all losses or injuries to person or property, or both, whether developed or undeveloped, resulting or to result, or sustained or received by the undersigned as a result of the undersigned's participation in an Authority facility tour(s). This Release shall be considered a complete and total waiver of any and all liability on the part of the Authority.

The undersigned further grants permission to the Authority to have the undersigned submit to medical treatment in the event of an emergency or accident during the course of the tour(s). This document specifically authorizes the Authority to consent to such emergency action as may be deemed necessary, in the opinion of Authority personnel, to submit the undersigned for medical care, including transportation and the authorization of medical treatment. Permission is further given hereby to authorize medical personnel to render such care as may be necessary, in the opinion of the medical provider, to treat any condition deemed necessary as a result of any accident involving the undersigned's participation in the tour(s). The undersigned assumes sole responsibility for all medical expenses incurred during the provision of medical care as a result of any emergency and/or accident. The undersigned acknowledges that the Authority will not be held responsible for any medical expenses.

Date

Name (Printed)

Signature

Parent or Guardian Signature
(if Participant is under age 18)