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CSWD FACILITY TOUR WAIVER OF LIABILITY

I have requested to participate in a tour of a facility owned or operated by or on behalf of the Chittenden Solid Waste District (CSWD). I understand that participation in said tour is voluntary. I agree to abide by the safety requirements outlined by CSWD staff, which may include wearing personal protective equipment as necessary and strictly following all instructions provided by CSWD employees. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge CSWD and its member municipalities and their respective employees, agents, and representatives (in their official and unofficial capacities) from any and all liability whatsoever for any and all damages, losses, and injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in a tour or presence on any of the facilities owned or operated by CSWD. This release and discharge includes damages, losses, and injuries that arise from or are caused by the negligence of CSWD and/or its employees, agents, or representatives.

I waive all claims I may have against CSWD and its member municipalities, and their respective employees, agents, and representatives relating to, or arising from, my participating in the tour or my presence at or on CSWD facilities and agree not to sue such entities and individuals with respect to my presence on CSWD facilities. I assume the risk of any and all damages that may be sustained by me directly or indirectly in connection with, or arising out of, my participation in the tour of CSWD facilities. I understand that CSWD accepts no liability and will not be responsible for any negligent act, willful or accidental, as a result of any individual or group touring any CSWD facility.

Participant Statement

I have read the above Waiver of Liability and agree to the terms hereof and accept full responsibility for my actions, and for any accident/incident that may occur.

Name (please print)

Date

Signature (of Parent or Guardian if under 18)