

**Loudoun County Solid Waste Management Facility Tour
Liability Waiver**

The Loudoun County Solid Waste Management Facility is an industrial operation that processes solid waste disposal and involves frequent traffic and use of large equipment.

While tours of the landfill and other operations at the facility are conducted with utmost caution, tour groups may encounter situations that could be potentially hazardous, including crossing of traffic lanes, walking over loose gravel or near other items that may have been dropped onto the roadway, wildlife, sudden inclement weather, and seasonal weather conditions, i.e. heat/cold.

All participants must follow the direction of the tour guide, and groups will provide their own chaperones who will assume responsibility for the safety of their group.

In order to attend this event, this Waiver must be completed and presented to the tour guide prior to commencement of the tour.

I, _____, Group Leader/tour participant, have read and understand the above information, and I agree to the terms stated. In addition, I agree to release, absolve, and hold Loudoun County Government and all persons engaged in any manner with its programs, harmless for liability or loss. I waive all claims against any or all of them, and agree to indemnify them for any and all liability that may result from any injury I sustain during the tour.

Group Leader Signature _____ Date _____

I, the parent/guardian of _____, grant permission for my child to participate in a tour of the Loudoun County Solid Waste Management Facility. My child has no known issues that prohibit his/her participation in this event. In case of injury to my child, I agree to release, absolve, and hold Loudoun County Government and all persons engaged in any manner with its programs, harmless for liability or loss. I waive all claims against any or all of them, and agree to indemnify them for any and all liability that may result from such injury, in consideration of my child's admission to the tour. I agree that first aid may be administered by the staff of the tour/facility, and request that I, as a parent or guardian, be called in the event of injury or illness occurring while my child is on this tour. I further give my permission for any and all medical attention necessary to be administered to my child until such time as I may be contacted.

Medical
Concerns _____

Parent/Guardian
Signature _____ Date: _____

Phone Number _____