

liability release

Between _____ (print your first and last name) and Pumping Station One, NFP, 3519 N. Elston, Chicago, IL 60618.

By signing this agreement I acknowledge that Pumping Station One is a dangerous place and I agree to HOLD HARMLESS Pumping Station One, NFP, its members, its officers, and its directors. Initials: _____

I also understand that I am personally responsible for my safety and actions and that I will follow all safety instructions and signage while at Pumping Station: One.

Initials: _____

I affirm that I am 18 years of age or older and mentally competent to sign this liability release. Initials: _____

Name : _____

Address: _____

Phone number: _____

Email: _____

Emergency Contact Name: _____

Emergency contact phone number: _____

Emergency contact relationship: _____

X _____ / /

Sign

Date