

# CENTRAL MARIN SANITATION AGENCY Facility Tour Package



Thank you for your interest in our Agency. Included in this package are the instructions and information to conduct an informative and successful tour. Please feel free to contact CMSA at 415-459-1455 if you have questions or need further information.

Learn more about CMSA on our website: www.cmsa.us

Please read the information provided below, complete and return the following:

- CMSA Tour Group Information Form
   (to be filled out and submitted by <u>Tour Coordinator</u> only)
- CMSA Tour Waiver and Release
   (to be filled out by all Tour Attendees)

### **IMPORTANT INFORMATION**

#### Where to Go:

### Central Marin Sanitation Agency 1301 Andersen Drive, San Rafael, CA 94901

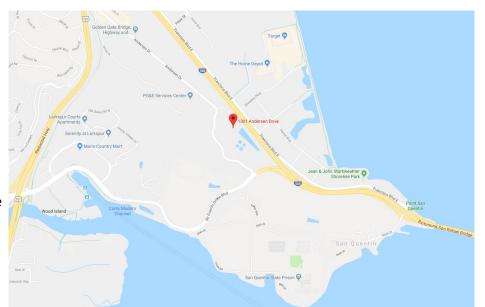
Upon arriving at our facility, please park in the visitor parking area, and assemble at the flag pole in front of the Administration Building. Once all tour attendees have gathered, let the staff at the front desk know you have arrived.

#### What to Know:

Your safety is our first priority. Please be aware that this is an operating wastewater facility with inherent safety hazards. Please adhere to the following safety guidelines:

- 1. Stay together as a group.
- 2. Wear closed-toe shoes.
- 3. Wear the safety glasses provided by staff at all times.
- 4. Refrain from touching or stepping into any liquids and other materials.
- 5. Stay clear of rotating or moving equipment.

Please be advised that late arrivals will not be able to join the tour. Please leave cell phones and tablets in your vehicle, as they are not allowed in some areas of the facility. Tours requests from individuals and small groups are scheduled together by CMSA staff for efficiency purposes.





## **CMSA Tour Group Information**

| То                                      | ur Group Contact Person:    |                        |   |                    |
|---|-----------------------------|------------------------|---|--------------------|
| Scl                                     | nool/Organization:          |                        |   |                    |
| Ph                                      | one:                        |                        | Email:  |                    |
| Ad                                      | dress:                      |                        |   |                    |
|   |                             |                        |   |                    |
| Pu                                      | rpose of the Tour:          |                        |   |                    |
| Proposed Tour Date: Proposed Tour Time: |                             |                        |   |                    |
|   |                             | Note: Standar          | rd tours generally take 1-2 hours.  |                    |
|   | Tours are sch               | eduled during nor      | mal Agency business hours (8:00 a   | .m. – 4:00 p.m.)   |
|   | SCHOOL TOURS                |                        |   | ADULT TOURS        |
|   | Student/Adult Ratio:        | # of Students          | Required # of Adults  | 18 years and above |
|   | 3rd – 4th grades            |                        | /3 =  | Number:            |
|   | 5th – 12th grades           |                        | /15 =   |                    |
|   | Grade Level of Students:    |                        |   |                    |
|   | Total Number of Tour Partic | ipants:                | (Students and Adults)   |                    |
|   |                             | and Grade 4 require at | least one adult for each 15 students.<br>t least one adult for each three students.<br>3. |                    |

Are there any physical or other limitations that staff should be aware of?



# CENTRAL MARIN SANITATION AGENCY TOUR WAIVER AND RELEASE

| For and in consideration of permitting [ENTE  | er name:  |  |  |  |
|---|---|--|--|--|
| 94901 on [ENTER DATE: DISCHARGES, WAIVES AND COVENANTS N (RELEASEES) for any and all loss, liability, expresulting from my participation in tours in misconduct of CMSA or any other participationally, by signing this agreement, I fur  | rin Sanitation Agency (CMSA) at 1301 Andersen Drive, San Rafael, California,  ], the undersigned hereby VOLUNTARILY RELEASES, OT TO SUE CMSA, ITS DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES bense, claims, suits, and damages, including attorneys' fees, arising out of or cluding, but not limited to, negligent acts, errors or omissions, or willful ipant which causes the undersigned property damage, injury, or death, ther release the RELEASEES from any and all claims and liabilities for injuries gligent acts, errors or omissions, or willful misconduct. |  |  |  |
| The undersigned further agrees to indemnify, defend and hold the RELEASEES harmless from and against any loss liability, expense, claims, suits, and damages, including attorney's fees, that arise out of or result from my participation in tours, and/or presence on CMSA property.  The undersigned acknowledges that I am aware of the risks inherent in tours and VOLUNTARILY elect to accept all risk associated with tours and my entry onto CMSA property to participate in tours. |   |  |  |  |
|   |   |  |  |  |
|   | e read this document and understand that it is a release of all claims and am fully aware of the legal consequences of signing this document and I eptance of the above provisions.   |  |  |  |
| (Signature of Attendee)   | (Street Address)  |  |  |  |
| (Print Name)  | (City, State, Zip Code)   |  |  |  |
| (Date)  | (Phone Number)  |  |  |  |
| In the event that the volunteer applicant is uguardian.   | under the legal age of consent, this form must be signed by a parent or legal   |  |  |  |
| (Signature of Parent/Guardian)  | (Street Address)  |  |  |  |
| (Print Name)  | (City, State, Zip Code)   |  |  |  |
| (Date)  | (Phone Number)  |  |  |  |