Visitor Access Agreement and Photo Release

(to be executed by parent or legal guardian)

Primary Facilities:

Richland County Regional Solid Waste Management Authority (RCSW or the Authority)
1125 National Parkway
Mansfield, OH 44903

The undersigned understand that admission to Richland County Regional Solid Waste Management Authority (RCSW or the Authority) cannot occur unless visitors agree to the following:

Visitors agree to accept all risks and agree to hold harmless Richland County Solid Waste Management Authority and release the Authority from any and all liability for injuries or damages of any kind sustained while on the premises.

Visitors release and forever discharge the Authority ; its owners, and operators as well as its shareholders; directors, officers, and board members; employees; agents, heirs, and successors; and assigns all other persons, firms and corporations having any ownership interest in equipment at the facility from all claims, demands, actions, and causes of action relating to any injury or loss which visitors may sustain while on the premises.

Visitors agree that the Authority are not responsible for the personal property of visitors while on the premises. Visitors must stay with the group at all times in order to uphold the safety and respect of the parties participating in the field trip and/or tour.

The undersigned fully understand the meaning and effect of this agreement and release and have freely agreed to be bound by its terms.

I/We the parents or legal guardians of _____
give permission for our student to attend Richland County Solid Waste's field trip and tour.

We understand that while all possible precautions will be taken to allow our student to have a rewarding educational experience, Richland County Solid Waste Management Authority will not be held responsible for injuries or losses, either personal or property, while our student visits any of these facilities, and we release the Authority from such liability.

We give the staff of Richland County Solid Waste Management Authority permission in an emergency situation to seek medical attention for our student.

Parent/Guardian signature_____Date_____

Photo Release

I hereby grant permission for video recordings and digital photographs to be taken of my student, (please print student's name), _____ , by Richland County Regional Solid Waste Management Authority and/or of my student's work as part of his/her participation in the Richland County field trip and tour.

I understand that any recordings and digital images taken will be used for RCSW's marketing and educational purposes.

I authorize RCSW to use images of my student on social media such as Facebook, Instagram, and on the company's website and/or in printed promotional materials without any further consideration and I acknowledge RCSW the fair right to treat the media at its discretion.

I further understand that once an image of my student is posted on-line, such as on Facebook and on the website, a third party may possibly download images of my student. I agree that I will not hold RCSW responsible for any harm that may arise from such unauthorized reproduction.

Parent/Guardian's Name (Please Print)_____

Signature_____Date_____