## **Excursion and Tour Indemnity Form**

Please return this signed form to the Communications and Engagement Team at least one week prior to your booked tour or excursion.

I acknowledge that safety is a priority for partic	ipants of the Westernport Water Treatment Plant tour
at	scheduled on,
and that I understand and voluntarily accept the	e risks which are inherent in participation in the tour.
I, the undersigned:	
$\hfill \square$ am over 18 years of age and are the tour part	ticipant
OR	
$\hfill \square$ are the parent or legal guardian of the under	raged participant/s named on this form.
Participant name/s:	
I certify that the Participant will:	
<ul> <li>comply with all Westernport Water safety a</li> <li>not interfere with the water treatment plan</li> <li>behave in an appropriate manner.</li> </ul>	
$\ \square$ I acknowledge that failure to do the above m	nay result in removal from the tour.
	een diagnosed with COVID-19 in the last 14 days, has not been in /ID-19, has not been in contact with anyone who is currently being have any symptoms.
* Photographs of the tour and the Participant m that the participant does not wish to be photog	nay be published by Westernport Water, unless otherwise advised raphed.
Signature of participant OR parent/guardian of	Participant under 18 years of age:
Date:	
Emergency Contact: Name	
Relationship to Participant:	Telephone:

Privacy Statement – Westernport Water uses this form to collect information, including personal information, from members of the public. The Corporation will use this personal information only for the purpose for which it is collected. For further information please refer to Westernport Water's Privacy Policy.











