CITY OF MADERA
205 W. 4th Street, Madera, CA 93637 | (559) 661-5402

Field Trip/Facility Tour Request

REQUESTOR

Name of Company/Organization/Individual submitting request		
Mailing address (street, city, state, ZIP)		
Contact name	**Phone**	**Email**
Person in Charge (POC) on day of event (Name, Title)		**POC Cell phone**

REQUESTED FACILITY FOR TOUR/VISIT

Name of City Facility/Department	**Desired Date of Visit**
Desired Duration of Visit & Preferred Time of Day	**Alternative Date(s), in known**
Purpose and/or Desired Outcomes	

GROUP INFORMATION

Number of Minors	**Age Range of Minors**	**Number of Adults**	**Number of Chaperones**
Additional Group Information:			

FACILITY SITE VISIT RULES & CONDITIONS

1. This form is a request only. The applicable department(s) will confirm your site visit. While every effort will be made to honor confirmed site visits, please note that emergency conditions and/or situations may require rescheduling of your event. At all times, City personnel will communicate with the POC should previously confirmed visit information require modification. It is the requestor's responsibility to ensure correct contact information is provided for the POC.
2. At all times during the site visit, all participants must follow the directives of City personnel in charge of the visit relative to facility access; vehicle parking; what can/cannot be touched, handled, climbed on, climbed in, and/or viewed. Participants must remain with their designated group. Any failure to follow directives will result in immediate cancellation of the event for all parties.
3. If your site visit includes minor children, supervision of children will remain the responsibility of designated Chaperones at all times; minor children may not be left unattended by Chaperones. If your site visit will include sub-groups for tour or demonstration purposes, there must be at least one responsible Chaperone with each sub-group. Chaperones must ensure minor children adhere to any directives, precautions, or safety advisements provided by facility staff and ensure overall cooperation of participants.

HOLD HARMLESS AGREEMENT

I am requesting access to City of Madera (City) facilities that may include exposure to noise, dust, tripping hazards, overhead hazards, vehicles, carcinogens, weapons, legal and illegal drugs, police canine officers, and chemicals and biologics that are handled in the routine business of the City and its operations. I hereby release, discharge, and agree not to sue the City of Madera, CalFire, or the State of California, and/or any of their individual or collective officers, agents, employees or volunteers

for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my participation and that of minor children under my supervision, (if applicable,) in the facility tour from whatever cause, including the active or passive negligence of the City of Madera, CalFire, and/or the State of California, or any of their individual or collective officers, agents, employees or volunteers or any other participants in the event. I understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event, I hereby agree for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless the City of Madera, CalFire, and the State of California, and any of their individual or collective officers, agents, employees or volunteers from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event and the participation of minor children under my care.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. I FURTHER DECLARE UNDER PENALTY OF PERJURY THAT ALL PARTICIPATING MINORS ARE MY CHILD, LEGAL WARD, OR LEGALLY ENTRUSTED IN MY CARE AND I HAVE FULL LEGAL AUTHORITY TO ACT ON THEIR BEHALF AND ON BEHALF OF THE ORGANIZATION LISTED AS REQUESTOR.

VERIFICATION AND SIGNATURE

I am authorized to sign for the Requestor and to bind it to the Hold Harmless Agreement above. I have read this packet and agree to comply with it and with any conditions of the City regarding this facility tour. I declare under penalty of perjury under the laws of the State of California that the information in this application is true and correct.

Requestor's printed name and title	Requestor's signature	Date

Return request to:

admininfo@madera.gov

Contact for more information:

City of Madera Administration
205 W. 4th Street
Madera, CA 93637
(559) 661-5402