

**BARRINGTON WASTEWATER TREATMENT FACILITY
302 N. RAYMOND AVE.
BARRINGTON, IL 60010
PH. 847-381-7903
FX. 847-382-3030**

**NON-POTABLE WATER USE PROGRAM
REGISTRATION FORM**

Participant License Plate No. _____ Participant License Plate No. _____

Participant License Plate No. _____ Participant License Plate No. _____

Date _____

Individual/Company Name _____

Address _____

Contact Number _____

Location(s) of Non-Potable Use

This Non-Potable water must not be applied to areas which lie within 200' of a potable water well, or other prohibited areas identified in the Program Manual.

Describe Use(s) of Non-Potable Water (*i.e. horticulture, trees, grass, or concrete cutting*)

How Will the Non-Potable Water Be Applied (*hydro seed, hose*)

Receipt of Non-Potable Water Manual (*circle one*) Y or N
I hereby understand and agree to adhere to the conditions outlined in this manual.

Date

Signature

Print Name

VILLAGE OF BARRINGTON
NON-POTABLE WATER USE PROGRAM
WAIVER AND RELEASE

The undersigned, (print name) _____, on behalf of _____, the Program Participant, hereby states that [he][she] is either the Program Participant, or a duly authorized representative of the Program Participant, that [he][she] is at least eighteen (18) years of age, and has the authority to execute the Registration Form and this Waiver and Release on behalf of the Program Participant, and acknowledges and agrees that participation in the Village of Barrington Non-Potable Water Use Program (“the Program”) INVOLVES A RISK OF INJURY AND/OR OTHER HAZARDS, AND THE PARTICIPANT VOLUNTARILY AGREES TO AND DOES HEREBY ASSUME ALL SUCH RISKS AND/OR HAZARDS.

On behalf of the Program Participant and our respective heirs, successors, and assigns, we recognize and acknowledge that there are certain risks of injury to participants in the Program, and [I][we] voluntarily agree to assume the full risk of any and all injuries, damages or loss, as a result of said participation. On behalf of the Program Participant and our respective heirs, successors, and assigns, [I][we] further agree to waive and relinquish all claims which may result from directly or indirectly participating in the Program against the Village of Barrington, including its trustees, officers, employees, volunteers, and other agents (“releases”). On behalf of the Program Participant and our heirs, successors, and assigns, [I][we] do hereby fully release and forever discharge all of said releases from any and all claims for injuries, damages, or loss that Participant or its employees may sustain or which may accrue to us, or to our heirs, successors, and assigns arising out of, connected with, or in any way associated with participation in the Program. On behalf of the Participant, [I][we] also agree to hold harmless and indemnify the releases from all liability, costs, claims, and/or expenses of any claims (including attorneys’ fees and other costs of defense) by the Program Participant’s employee(s) and/or any other third parties relative to, arising out of, connected with, and/or in any way associated with the Program Participant’s participation in the Program.

[I][We] have read and fully understand this Waiver and Release. [I][We] understand and agree that our facsimile signature(s) may substitute for and have the same legal effect as original signature(s) on this form.

[I][WE] HAVE CAREFULLY READ THE ABOVE DOCUMENT ON BEHALF OF THE PARTICIPANT AND HAVE HAD ANY QUESTIONS EXPLAINED TO [ME][US]. [I][WE] FULLY UNDERSTAND THE MEANING AND CONTENT OF THIS DOCUMENT AND VOLUNTARILY EXECUTE THIS RELEASE AND WAIVER FORM ON BEHALF OF THE PROGRAM PARTICIPANT AS ITS DULY AUTHORIZED AGENT.

PARTICIPATION WILL BE DENIED if this Waiver and Release Form is not completed in full or if the signature of a duly-authorized agent of the Program Participant(s) [is][are] not on this Waiver and Release.

PROGRAM PARTICIPANT: _____

BY SIGNATURE: _____

POSITION WITH PARTICIPANT: _____

PRINT NAME: _____