

200 Wall Street, Hollidaysburg, PA 16648 USA Tel: +1 (814) 695 9807 Fax: +1 (814) 695 6684 mclanahan.com

<u>Visitor – Release and Waiver of Claims</u>

I acknowledge that	t I have requested permission for my son/daughter anufacturing facility of McLanahan Corporation located in He	(print name) to	
	erent personal risks and dangers.	bilidaysburg, PA and have been	
	f all risks involved and acknowledge that McLanahan Corpora signature of this release and waiver form.	ition will not authorize any tour in	
through its officers son/daughter, my McLanahan Corpo demands, actions	ideration of the permission extended to me and my son/daug and agents and in acknowledgement of the risks involved, I depersonal representatives or my successors in interest tration and all of its officers, agents and employees acting officers or cause of action on account of my death, illness or injury act of omission or commission or any other cause during my visit	o hereby for myself, my heirs, my release and forever discharge cially or otherwise from all claims, which may occur from negligent,	
I have signed this binding any Corpo the course of my v	release with the intention of being legally bound hereby and for ration, business, partnership or other entity for which I am actisit / tour.	urther with the intention of legally ting as agent or employee during	
	nd that my son/daughter must wear Personal Protective Equi ection ear plugs) at all times while in manufacturing areas ration.		
Additionally, I unde	erstand and my son/daughter will comply with the following iten	ns regarding attire for the visit:	
	Long pants must be worn of a type similar to blue jeans		
•		eve shirt/sweatshirt buttoned, or otherwise gathered, at the wrist must be worn er the shirt nor pant may be loose-fitting.	
	Athletic shoes (sneakers), open-toed shoes, high heels, a worn. All shoes must be leather and completely cover the non-athletic soles.	nd other such shoes cannot be foot (from heel to toe) and have	
Teacher or School Representative Signature:		Date:	
Parent/Guardian N	ame (print):		
Address:			
Parent/Guardian S	ignature:	Date:	



Date: