## ACKNOWLEDGEMENT OF RULES, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

Welcome to our facility (the "Facility"). We are pleased to show you around and help you better understand the important work that we do here. By signing below (on your own behalf, or on behalf of your minor child or ward, if applicable), you are acknowledging the following rules, assuming all risks associated with your visit to the Facility, and releasing Lakeshore Recycling Systems, LLC and its parent, subsidiaries, and affiliates (collectively, "LRS") from any claims arising from your visit:

Rules:

1. You must, at all times, wear all protective gear required by LRS during your visit. LRS will provide required protective gear, and you may not remove that gear unless instructed that it is safe to do so. No gym shoes, flip flops, heels, slip-on shoes, platform shoes, or any other open-toed shoes are allowed. Appropriate clothing (as determined by LRS in its reasonable discretion and subject to applicable law) is required during your visit.

2. Wandering around the Facility alone is prohibited. You must stay with your group and may not detour to explore other parts of the facility. If, for any reason, you become separated from the group, stay where you are until someone comes to retrieve you.

3. Do not touch any equipment or materials unless you are expressly authorized to do so.

Running, jumping, and climbing is prohibited. Be sure to walk safely around the facility, and stay aware of your surroundings.

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Risk Disclosure and Acknowledgement

In consideration of LRS agreeing to permit me to visit the Facility, by signing below, I acknowledge the following risks, and agree to the Release of Liability below. I understand that visiting the Facility involves the risk of: (i) death, disability, or serious injury, (ii) property damage, and (iii) exposure to contagious bacterial and viral diseases which may result in death, disability, and/or serious illness or injury. I understand that these risks may result from or be compounded by the actions, omissions, or negligence of LRS's employees or others, including negligent emergency response or operations of within the Facility by LRS, its employees, or others. I also understand that, although LRS has implemented measures to reduce the risk of injury to visitors of the MRS, LRS cannot guarantee that the above risks will not occur. I assume all of the risks described above. In consideration for permitting me to visit the Facility, to the fullest extent permitted by law, I hereby assume full responsibility for any and all such risks that may occur in connection with or arise out of my visit to the Facility.

Release of Liability

In consideration for permitting me to visit the Facility, to the fullest extent permitted by law, I, individually and on behalf of my beneficiaries, successors, assigns, heirs, executors, estate, and all members of my family, hereby fully and forever waive and irrevocably release, covenant not to sue, and discharge the Releasees (defined below) from any and all liabilities, claims, causes of action, damages, fees, costs, and expenses of any kind arising out of or resulting from my visit to the Facility, whether known or unknown, and whether arising out of or resulting from the ordinary negligence of LRS or any Releasees, or otherwise. However, this Release does not extend to liabilities that may not lawfully be released by contract. As used above, "Releasees" means LRS and LRS's current, previous, and future officers, managers, members, employees, directors, representatives, agents, affiliates, successors, and assigns.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS ACKNOWLEDGEMENT OF RULES, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY, THAT I HAVE THE RIGHT TO CONSULT WITH LEGAL COUNSEL, AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE LRS. I ALSO ACKNOWLEDGE THE SAME FOR ANY CHILD(REN) NAMED BELOW FOR WHOM I AM THE PARENT OR GUARDIAN (IF ANY).**

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Your Signature Date

_____

Your Printed Full Name

_____

_____

Child(ren)'s Full Name(s) (if applicable)