



Andersen Construction Company

6712 N. Cutter Circle, Portland, OR 97228

Phone 503.283-6712; Fax 503 214-8871

PROJECT TOUR / VISIT - LIABILITY WAIVER

I have requested to participate in a guided tour for the Project FMB

located at 401 SW Harrison, Portland, OR 97201 on November 8th, 2019

I acknowledge that the Project is still an active construction site. I agree to watch my step, be aware of trip hazards, sharp and/or low-hanging objects. I agree to maintain a high level of focus while making my way through active construction areas. I agree to stay with my Guide and follow the directions of the Guide at all times. I agree not to touch equipment or enter restricted areas, to observe safety precautions and wear any Personal Protective Equipment (PPE) required by the Contractor Andersen Construction Company and/or the Project/Property Owner [PSU]. Such PPE may include, but is not limited to, appropriate ankle supporting footwear, a hardhat, safety glasses, high visibility vest and hearing protection.

Project/Property Owner and/or Contractor [and/or specifically identify individual who is provided the Tours] has agreed to provide Guided Tours of the Project during construction under the following conditions:

- A release of liability document must be signed prior to entering the construction site;
- Guests will be guided by Mike Poulos/Paul Rovianek and must follow any direction given by the Guide;
- The Owner and Contractor have not made and do not now make any representations whatsoever as to the condition, whether safe or unsafe, of the Project Site;
- Persons entering upon the Project Site must assume all risks of personal injury, including death and property damage.

I understand that as a guest on an active construction site personal injury and accidents can and may occur. In the event of an injury requiring medical attention I hereby authorize Andersen Construction, or another appointed individual to seek and consent to emergency medical attention for me as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention and the incident.

I represent that I am in good health and suffer from no physical impairment that would affect my visit to the construction site, and I will list below any special accommodations that I need. The following is all of the insurance information, restrictions, allergy and medication information necessary for me to receive appropriate medical care should need arise.

By this Agreement, the undersigned, for myself, my heirs, successors, representatives, employers and family, , hereby release the Owner and Andersen Construction Company, including their respective stockholders, directors, officers, managers, employees, subcontractors, agents, successors, and insurers (hereinafter collectively "Constructing Entities") and further affirm that the Constructing Entities shall not be liable for any claim, demand, and cause of action of any kind due to death, personal injury, property damage, or loss of any kind resulting from or related to the site visit and tour, and I agree to hold the Construction Entities harmless from the same.

Name:	
Signature & Date:	
Emergency Contact Information:	

If you do not agree to be bound by the terms listed above please do not attend this tour.