

GROUP TOUR REQUEST FORM

Please fill out the form below and return to info@gcairport.com

We will review your request and respond promptly. Submittal of request is not a guarantee and tours will be dependent upon staff and facility availability.

Date of Request				
Group/Company Name				
Address				
Telephone				
		Email		
Secondary Tour Date (if f	irst choice is unavailable)_			
Requested Arrival Time (between 8:30am-3:00pm M	onday–Friday)		
Is there anything specific	your group is interested in	n learning about?		
Special Accommodation	Requests			
Approved By:				
Name				
Title				
Date				



Liability Waiver & Release Form

NOTE: THIS IS A LEGALLY BINDING AGREEMENT, REVIEW CAREFULLY.

In consideration of the permission extended to me and the group/company I represent to tour the facilities owned by the Metropolitan Airport Authority of Rock Island County, Illinois ("MAA"), I the undersigned, being of lawful age, do forever release, acquit, discharge, defend, hold harmless, and indemnify the MAA, its past, present or future duly elected, appointed or employed officials, directors, officers, or members of commissions, boards, heirs, successors, executors, administrators, agents, legal representatives, servants, assigns, subsidiaries or other units operated by the MAA from all manner of actions, causes of actions, debts, claims and demands for or by reason, including injury resulting in death, which may be sustained as a result of any and all property damage and/or injury claims, which may or may not have been caused solely or partly by the negligence of the MAA, as a result of said tour. I understand the MAA does not assume liability for property damaged, lost or stolen on the premises of the MAA and agree to be responsible for any damages incurred to the MAA facilities and furnishings. I acknowledge that this Release is also given with the express intention of binding my spouse, heirs, executors, administrators, legal representatives and assigns to the same.

I understand that the MAA reserves the right to cancel any future requests from any group/company for non-compliance and acknowledge I have had the ability and opportunity to seek independent legal advice prior to signing this Release.

This Release contains the entire agreement between the parties and the terms of this release are contractual and will be construed in accordance with and governed by the laws of the State of Illinois, and that if any of its terms or provisions are found to be illegal or unenforceable, the validity of the remaining portions shall remain valid and enforceable.

I further state that I have carefully read the foregoing Release and understand the contents thereof, and I sign the same freely and voluntarily.

OF ROCK ISLAND COUNTY, ILLINOIS	GROUP/COMPANY	
Signature:	Signature:	
Name (Print):	Name (Print):	
Title:	Title:	
Date:	Group/Company:	
	Date:	



Photo/Video Release Form

NOTE: THIS IS A LEGALLY BINDING AGREEMENT, REVIEW CAREFULLY.

I the undersigned, being of lawful age, authorize the Metropolitan Airport Authority of Rock Island County, Illinois ("MAA")

(Owner) to publish videos and photographs, taken of the on	(date or tour)
OWNER: Metropolitan Airport Authority of Rock Island County,	Illinois
The Owner shall have complete ownership of the photograph(s likeness and biographical material to be used on print, digital, o publications:	
The Owner may:	
digital, online, social media or video-based marketing 2. Make copies of the photographs/videos so made.	ose of the production mentioned above, whether by print, materials and publications or otherwise. cation, promotion or advertising of the sale or trading in the
I further understand the master image(s) remain(s) the property number of times that my name and likeness may be used. I und the photographs/videos are subject to being downloaded by any	derstand that once the photographs/videos are posted online,
I the undersigned, being of lawful age, do forever release, acquits past, present or future duly elected, appointed or employed oboards, heirs, successors, executors, administrators, agents, le units operated by the MAA from all manners of actions, causes from any liability by virtue of any blurring, distortion, alteration, occur as well as any publication thereof, including but not limite that this Authorization and Release is also given with the express administrators, legal representatives and assigns to the same	officials, directors, officers, or members of commissions, agal representatives, servants, assigns, subsidiaries or other of actions, debts, claims and demands for or by any reason optical illusion, whether intentional or otherwise, that may d to any claims of libel or invasion of privacy. I acknowledge
This Authorization and Release contains the entire agreement be Release are contractual and will be construed in accordance will any of its terms or provisions are found to be illegal or unenforce and enforceable. I acknowledge I have had the ability and opposition and Release.	ith and governed by the laws of the State of Illinois, and that if eable, the validity of the remaining portions shall remain valid
I further state that I have carefully read the foregoing Authorizat sign the same freely and voluntarily.	ion and Release and understand the contents thereof, and I
Signature:	
Name (Print):	Date:

L T: 309.764.9621

F: 309.757.1515



If the person signing is under age 18, there must be consent by a parent or guardian as follows:		
I hereby certify that I am the parent/guardian ofwithout reservation to the foregoing on behalf of this person.	, named above, and do hereby give consent	
Parent/Guardian's Signature:	Date:	
Parent/Guardian's Name (Print):		