Waiver and Release for Participation in the
District of Columbia Department of Parks and Recreation ("DPR") Spring Break Camp Program

I, _____, the parent/legal guardian of _____ ("Participant"), received, read, and understand the policies and procedures governing the Participant's enrollment and participation in DPR's Spring Break camp program as contained in the **2013 Spring Break Camp Policies sheet**. I understand that Participant's enrollment in DPR's Spring Break camp program is voluntary and hereby grant permission for Participant to participate. I recognize that participation in the DPR's Spring Break camp program can carry with it potential risks, including, but not limited to, bodily injury. I hereby agree to release, discharge, indemnify and hold harmless the District of Columbia and DPR, and their respective agents, officers, employees, contractors, and volunteers, from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest, and expenses (including attorneys' fees and costs) directly or indirectly arising from or connected in any way to Participant's enrollment and/or participation in DPR's Spring Break camp program, including, without limitation, in connection with any incident involving injury to, death of, or loss of property by, the Participant.

In the event of an injury to Participant, I hereby grant permission to the supervising staff (including volunteers) to attend to Participant. In the event of an injury to Participant that warrants further medical attention, I understand that unless there is an emergency, DPR will attempt to contact me. If efforts to contact me are unsuccessful, or in the event of an emergency, I grant permission to DPR to seek medical treatment for Participant. In addition, I hereby give my permission to the supervising staff (including volunteers) to take the Participant to a physician, dentist, or to the hospital if an accident or serious illness occurs during Participant's participation in the Spring Break camp program. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses arising from any such event.

In the event that DPR determines that Participant is no longer able to participate in camp activities due to health, accident, failure to comply with staff directions, or for any other reason in DPR's reasonable determination, I agree to pick up Participant from camp immediately upon being contacted by DPR.

Unless I check the box below, I grant to DPR and its partner agencies permission to use Participant's words, work products, and/or likeness (including photographs), to describe, evaluate, promote, and publicize DPR programs.

_____ _____
Signature of Parent/Legal Guardian Date

Print Name:_____

_____ _____
Signature of Parent/Legal Guardian Date

Print Name:_____

____ By checking here, I am WITHHOLDING consent to use my child's/ward's words, work products, and/or likeness (including photographs), to describe, evaluate, promote, and publicize DPR programs.