



**DISTRICT OF COLUMBIA DEPARTMENT OF PARKS AND RECREATION (“DPR”)
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Name of Activity, Event, or Program (hereinafter, the “Activity”): _____

Date(s) of Activity: _____

Location of Activity: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY, including, but not limited to, any risks that may arise from the condition of the equipment and/or real and personal property owned, managed, maintained, and/or controlled by the District at the location of the Activity.

I recognize that participation in the Activity can carry with it potential risks, including, but not limited to, bodily injury. I certify that I have not been advised to refrain from participating in the Activity by a medical professional. There are no health-related reasons or problems that preclude my participation in this Activity.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Activity. However, this consent does not require DPR to initiate medical care on my behalf. 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 consideration of receiving permission to participate in this Activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) I WAIVE, RELEASE AND DISCHARGE the District of Columbia and its agencies, agents, employees, volunteers, contractors, sponsors, advertisers, partners, and/or representatives (each a “District Party” and collectively the “District Parties”) from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest, and expenses (including, attorneys’ fees and costs) (each a “Loss” and collectively the “Losses”) including, but not limited to, Losses arising from or connected in any way to my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me in connection with the Activity including my traveling to and from this Activity;

(B) I AGREE TO INDEMNIFY and HOLD HARMLESS the District Parties for, from, and against any and all Losses arising or resulting from participation in this Activity;

I certify that I have read this document, that I am at least 18 years old and can sign this Waiver, and that I fully understand its content. I am aware that this is a release of liability and is a contract made in consideration of my participation in the Activity.

Participant’s Name (Print)

Participant’s Signature

Date

Participant’s Phone # and Address

Emergency Contact Name and Phone #

PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child's or ward's participation in the Activity, and has agreed individually and on behalf of the child or ward, to the terms of this **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**. The undersigned parent or guardian further agrees to save and hold harmless and indemnify the District Parties from any and all liability, loss, cost, claim or damage whatsoever which may be imposed upon any District Party because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the minor's parents or legal guardians.

Signature of Parent/Legal Guardian

Date

Print Name: _____

Print Address: _____

Parent/Legal Guardian's Phone #