



**DISTRICT OF COLUMBIA DEPARTMENT OF PARKS AND RECREATION
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**



FOR CONSENT AND WAIVER FOR PARTICIPATION OF MINOR IN DPR CAMP TRIP

Destination: Varies by site

Date(s): Various

Address: Varies

Transportation: DPR-provided

Answer the following question:

This activity may involve water play.

Does the participant know how to swim? Yes No

I, _____, the parent/legal guardian of _____
("participant"), consent and give permission for participant's travel to/from, and participation in, the above
named Activity.

I understand that travel could be by foot, DPR bus/fleet or contract bus. I acknowledge that participation in the
Activity can carry potential risks including, but not limited to, bodily injury to the participant, and I agree to
assume all risks and hazards associated with the participant's travel to/from and participation in the Activity.

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** any and all District officials, agents and employees,
current and former, and/or representatives (each a "District Party" and collectively the "District Parties"
or the "District") from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest,
and expenses (including, attorneys' fees and costs) (each a "Loss" and collectively "Losses") including,
but not limited to, Losses from or connected to participant's death, disability, personal injury, loss
damage or theft of participant's property or actions which may occur to participant in connection with
the Activity including traveling to and from this Activity arising from either the participant or the
District's negligence, or from participant's recklessness or intentional acts;
- (B) **I AGREE TO INDEMNIFY and HOLD HARMLESS** the District, for, from, and against any and all
losses arising or resulting from participation in or travel to and from this Activity arising from either the
participant or the District's negligence, and/or from participant's recklessness or intentional acts;
- (C) **THIS WAIVER, RELEASE AND DISCHARGE, AND INDEMNIFICATION SHALL NOT
EXTEND TO** the gross negligence or intentional acts of District Parties acting within the scope of their
employment.

In the event of an injury to the participant requiring medical attention, I grant permission to the District to attend
to the participant. In the event of an injury that requires further medical attention or in an emergency, the
District will attempt to contact the names listed below. If efforts to reach the names are unsuccessful, I grant
permission to the District to seek further medical treatment for the participant. I agree to accept full
responsibility for and to pay the cost of medical care, transportation, and any other incidental expenses arising
from any such event.

I certify that I have read this contract and that I fully understand its content. I certify that I am the participant's true parent or legal guardian and that I have the authority to sign this document, and that the information below is true and correct.

Print Telephone Number and Address of Parent/Legal Guardian

****Please provide information about any accommodations needed for any disabilities:**
