



**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 FIELD TRIP**



Name of Activity:  
Date of Activity:  
Location of Activity:

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 may be by foot, bus, Metro train, van, car, and/or other vehicle. 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 of the 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.

In the event that the participant is unable to participate in a particular Activity for reasons of health, accident, failure to comply with directions of the leaders in charge, violations of the code of conduct, or for any other reason in the District’s reasonable determination, I agree to pick up the participant from a time and location specified by the District.

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.

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Telephone Number and Address of Parent/Legal Guardian

\_\_\_\_\_  
Emergency Contact Name(s) and Phone Number(s)

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