



Waiver and Release
for District of Columbia Department of Parks and Recreation (“DPR”) Volunteers (Minors)

I, the parent/legal guardian of _____, hereby grant permission for my child/ward to volunteer for DPR at the following site: _____ for the following purpose(s):

I recognize that unanticipated situations and problems can arise, including, without limitation, bodily injury, in connection with any volunteer activity. I 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, suits, demands, judgments, costs, interest and expense (including attorneys’ fees and costs) of whatever kind or type, directly or indirectly arising from or connected in any way to my child’s/ward’s volunteer activities with DPR, including, without limitation, in connection with any accident or incident involving injury or death to, or damage to or loss of property by, my child/ward, and/or the costs of medical services related thereto.

In the event of an injury requiring medical attention, I hereby grant permission to DPR staff (including volunteers) to attend to my child/ward. If the injury warrants further medical attention, I understand that DPR will attempt to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, or in the event of an emergency, I grant permission to DPR and medical personnel to provide medical treatment to my child/ward. In addition, I hereby give my permission to the DPR staff (including volunteers) to take my child to a physician, dentist, or to the hospital if an accident or serious illness occurs during the time that my child/ward is volunteering with DPR. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses arising from such event. I acknowledge that nothing herein establishes any obligation on DPR’s part, legal or otherwise, to provide my child/ward with any medical care.

In the event that DPR determines that my child/ward is no longer able to participate in the volunteer activity due to health, accident, failure to conform to rules established by the site staff in charge, or for any other reason in DPR’s reasonable determination, I agree to pick up my child/ward from his/her location upon being contacted by DPR.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Emergency contact information (home phone, work phone, cell phone and address):

