



## PROGRAM EXPECTATIONS & WAIVER OF LIABILITY AGREEMENT

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DESCRIPTION AND LOCATION OF SCHEDULED EVENT OR PROGRAM

DATE AGREEMENT SIGNED

I, \_\_\_\_\_, allow my daughter/son/ward (hereinafter "minor child") to participate in the above identified event or program taking place at the University of the District of Columbia and/or monitored or sponsored by the University of the District of Columbia (hereinafter "UDC").

**I understand and give permission to the following:**

My minor child may participate in organized field trips which might require taking a shuttle, bus or other form of transportation. I am aware of the risks inherent in this type of activity, on and off the campus of UDC, from persons known and unknown and I assume those risks.

My minor child may participate in organized activities that may be of a strenuous and/or physical nature. I am aware of the risks inherent in the performance of organized physical activity and I assume those risks.

UDC and its representatives may photograph and/or videotape my minor child for the sole purpose of using the images in UDC publications (catalogs, brochures, reports, etc.), multimedia displays (slideshows, web pages, etc.) and/or other promotional projects at UDC.

I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in a performance or physical activity at the University of the District of Columbia ("UDC").

**I further understand and agree that:**

My minor child is in good health and proper physical condition to participate in organized physical activities.

My minor child does not have or exhibit behavioral or other conditions that would interfere with her/his ability to participate in the above identified event or program. If my minor child needs an accommodation for a disability or language interpreter, I shall make the appropriate request to the event or program director, prior to her/his arrival to the program, so that the proper arrangements can be made.

UDC and/or its representatives may authorize emergency medical treatment where necessary and in the determination of UDC and/or its representatives while attending the above identified event or program.

I will follow the drop-off, check-in and pick-up procedures at all times and will assume all responsibility. I will not arrive with my minor child more than fifteen (15) minutes prior to the start of any event or program. Further, I will not leave my minor child unattended during the drop-off time. I will be present or will make the appropriate arrangements to assume responsibility for and ensure the safety of my minor child at the conclusion of the event or program.

This release is intended to discharge, in advance, UDC, its officers, employees and agents, and the District of Columbia, its officers, employees and agents, from and against any and all liability, except for the officers,' employees,' or agents' sole negligence or intentional acts, connected in any way with my child's participation in program or event activities;

I will indemnify and hold UDC, its representatives and the District of Columbia harmless from any loss, liability, damage, cost or expense, including litigation, which may incur as a result of any injury and/or property damage which I may sustain while participating in said activities;

**I HEREBY CERTIFY that:**

- **I approve my minor child's participation in the event or program identified above.**
- **I have read this Agreement and I fully understand its contents.**
- **I have signed the Agreement freely and without inducement or assurances of any kind.**

\_\_\_\_\_  
Signature of Minor Child

\_\_\_\_\_  
Street Address, Apt. #

\_\_\_\_\_  
Printed Name of Minor Child

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Evening Telephone

**Return signed copy to:**

**University event or program contact.**

**FOR UDC USE ONLY**

Printed Name of UDC event or program contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDE A COPY TO HR/RISK MANAGEMENT AND MAINTAIN IN YOUR RECORDS FOR AT LEAST THREE (3) YEARS.**