



Hands On DC Volunteer Liability Waiver

Volunteer Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

It is expressly understood that Hands on DC, the District of Columbia Government, DC Public Schools, and their agents and employees shall not be liable to any person, for any accident, injury, loss, or damage to any person, or property while in, upon or about, or entering or leaving said premises at any time during the term of service, resulting from any cause whatsoever, and all claims therefore are hereby released to the District of Columbia Government and DC Public Schools, who may plead this release in bar thereof, in any and every suit, demand claim for same. I am medically fit to perform all activities as part of the program.

Volunteer Signature & Date: _____

If the above named person is under the age of 18, this waiver form must also be signed by a parent or guardian.

I, _____ (print name), as the parent or guardian of the above named volunteer, authorize his/her participation in the Hands On DC work-a-thon and agree to the terms stated above.

Parent/Guardian Signature & Date: _____

Site Registrar: Please fill in school name