

**DISTRICT OF COLUMBIA
2016 ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Name of Activity or Event: LINE DANCING FITNESS CLASS – 2016

Wednesdays, January – December 2016

Date(s) of Activity or Event: (except holidays)

441 4TH STREET, NW, 1C BREAKROOM

Location of Activity or Event: (BASEMENT LEVEL)

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including, but not limited to, any risks that may arise (i) from the negligence or carelessness on the part of the government of the District of Columbia (“District”) or, its agents, employees, and/or representatives, and (ii) from the condition of the equipment, real and personal property owned, maintained, or controlled by the District at the location of the Activity or Event.

I certify that I am physically fit and have not been advised to refrain from participating in the Activity or Event by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Activity or Event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, organizers and the District and that it will govern my actions and responsibilities at said Activity or Event.

I acknowledge that participation in the above Activity or Event may carry with it potential risks. The risks may include, but are not limited to, those caused by the facilities, conditions of the equipment, real and personal property owned, maintained, or controlled by the District and the actions of other people.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this Event or Activity.

I acknowledge that the District is not the Event holder or sponsor of the above Activity or Event and is NOT responsible for errors, omissions, acts or failures to act of the party conducting the Event or Activity;

In consideration of receiving permission to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) **I WAIVE, RELEASE AND DISCHARGE** the District, its agents, employees and representatives, from any and all liability, including but not limited to, liability arising from the negligence or fault of the District and its agents, employees or representatives, for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me in connection with the Activity or Event including my traveling to and from this Activity or Event;
- (B) **I AGREE TO INDEMNIFY and HOLD HARMLESS** the District, its agents, employees and representatives, against any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of the District or otherwise;

I certify that I have read this document, and that I fully understand its content. I am aware that this is a release of liability and a contract made in consideration of my participation in the Activity or Event.

Participant's Name (**Print**)

Participant's Signature

Date

PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and liability release set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify the District of Columbia and its agents, employees and representatives from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Participant's Name (Print)

Age

Signature of Parent or Guardian

Date