



hands on dc
Volunteer Liability Waiver

VOLUNTEER IDENTIFICATION

Name: _____
(Print)

Date of birth (M / D / Y): _____

E-mail: _____

This information will be kept private and is only for use by Hands on DC.

LIABILITY WAIVER

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.

I grant Hands on DC permission to use and publish photographs or video images of me at this event, including, but not limited to, on the handsondc.org website, official Hands on DC social media, and promotional materials.

Volunteer Signature and Date: _____

Emergency Contact: _____

MINORS ONLY (less than 18 Years Old)

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

Parent/Guardian Signature & Date: _____