

**AMERICAN UNIVERSITY**  
**RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK**  
**FOR PARTICIPATION IN 2024 TAKE YOUR CHILD TO WORK DAY PROGRAM**

In consideration of my participation in the event and related activities as part of American University's 2024 Take Your Child to Work Day Program ("Program"), I \_\_\_\_\_ (for myself and my child) agree to this Assumption of Risk and Release of Liability ("Release") which shall remain effective while participating in the Program. The program is currently scheduled to take place from \_\_\_\_\_ ("Start and End Dates"). As a condition of my and my child's participation in the Program, I hereby agree as follows:

**Assumption of Risk:** I understand that participation is purely voluntary. I understand that the Program may include physical activities that will expose me and my child to some risk of injury including, but not limited to broken bones, torn ligaments, paralysis, catastrophic injury, and even death and agree to assume all risks and responsibilities associated with Program participation. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my and my child's participation in the Program. I have read and understand the Program itinerary and authorize my child to participate in the Program. I acknowledge having the opportunity to ask questions and receive an explanation for any statements and policies that I do not understand.

**Fitness to Participate, Insurance, Emergency Medical Treatment:** I represent to the University that I and my child are physically fit and capable of participating in all activities of the Program; there are no health-related reasons or problems of which I am aware that preclude or restrict or limit my child from participating in the Program. I agree that I am solely responsible for determining my child's limitations with regard to any activity. I have medical insurance coverage appropriate for me and my child's participation in the Program. I understand and agree that the University may not provide any insurance for me in connection with my child's participation in the Program. I authorize the University to secure necessary emergency medical treatment in the event of injury or illness while participating in the Program.

While participating in the Program, I agree that my child will:

1. conduct himself or herself in a safe and prudent manner while participating in the Program
2. abide by all directions of Program staff, policies and procedures related to the Program
3. be removed from the Program if he or she violates any policy or guideline or if his or her participation in the Program is at any time deemed detrimental to the Program or any other participants

**Release.** I (for myself, or as parent, legal guardian, including my agents and legal representatives) hereby agree to defend, indemnify and hold harmless the University and its employees, officers, agents from and against all liability, loss or expense (including costs and attorney's fees), damages, or other injuries, whether caused by or contributed to by me, my child, or my agents which might occur whatsoever in any way growing out of or resulting from my participation in the Program.

**I have read and fully understand the above provisions and agree to be bound by them, as indicated by my signature below.**

Participant's Signature and Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is age 18 or older)

Parent/Legal Guardian's Signature and Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is under the age of 18)

**Likeness Release (optional)**

As indicated by my signature below, I hereby give permission to American University to use my and my child's name, likeness, and voice in connection with any photograph, recording, videotape, audiotape, or any other medium ("recordings") taken of me or my child during the Program, without compensation, in any promotional materials and publications related to the educational activities of American University.

Participant's Signature and Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is age 18 or older)

Parent/Legal Guardian's Signature and Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is under the age of 18)