



### **Accident, Illness or loss**

I certify that in case of accident or illness, the program director has my permission and authority to secure medical attention for myself or my child, if unable to communicate with me directly. I understand that there is some inherent risks are risks in activities at Dreams for Kids DC programs and accidents sometimes may occur. I also understand that the program fees do not include accident insurance, and I agree that all medical expenses (that may be incurred by myself as a volunteer or myself or my child as a participant) will be my responsibility. I agree to the release of any medical records necessary for treatment, referral, billing, and insurance purposes. I agree to waive any claims for negligence or intentional acts against Dreams for Kids DC, its volunteers, or any organization working or sponsoring them, for injuries that may result from the conduct of other persons, including participants in the Dreams for Kids DC program. I understand that Dreams for Kids DC is not responsible for lost, stolen, or damaged articles. I give permission for myself and/or my child to participate in planned activities, participate in authorized trips and to ride authorized vehicles for this purpose of transportation to off-site activities or for medical care. I give permission for Dreams for Kids DC to use photos or videos of myself and/or my child in promotional materials; including newsletters, websites, books, magazines, etc.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_  
**Participant/Volunteer's Name      Parent's Name (Volunteer leave blank)      Signature      Date**