

## Assumption of Risk and Release of Liability – READ BEFORE SIGNING!

In consideration of my participation in the academic and related activities as part of the AU Take Your Child to Work Day 2026 program ("Program") offered by American University ("University"), I (or my parent/guardian acting on my behalf) agree to this Assumption of Risk and Release of Liability ("Release") which shall remain effective while I am participating in the Program. The Program is currently scheduled to take place from 8:30 AM to 4:00 PM, April 23, 2026 at 4400 Massachusetts Ave NW, Washington DC 20016. As a condition of my participation in the Program, I hereby agree as follows:

- 1. Assumption of Risk.** I understand and acknowledge that participation in the Program is entirely voluntary and involves serious risk, including but not limited to risk of property damage, illness, bodily injury, permanent disability, paralysis, and/or death. These risks may result from my participation in the Program or Program-related activities. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation in the Program. I further agree that, if I observe potential hazards to the health and safety of others, I will promptly report them to appropriate personnel (e.g., Instructor, Program Supervisor, emergency medical personnel, law enforcement, etc.) and remove myself from dangerous or hazardous situations.
- 2. Certification.** I am in good physical and mental health and am not aware of any physical or mental conditions that will or are likely to affect my ability to participate in the Program.
- 3. Compliance with Policies.** I agree to comply with all applicable University policies and procedures, including but not limited to those that apply to the Program. I agree to follow the directions given by University employee supervising the Program and to conduct myself in a safe, prudent, and law-abiding manner during the Program. I understand that permission to participate in some or all of the Program may be suspended, revoked, or denied by the University in its sole and complete discretion. I further understand that I may not receive a refund in the event the University suspends, revokes, or denies my ability to participate in the Program.
- 4. Release.** I (for myself, my parents, legal guardians, heirs, executors, administrators, and assigns) hereby release, indemnify, and hold harmless, to the maximum extent permitted by law, the University, its trustees, employees, agents, and volunteers (collectively "Releasees") from and against any blame and liability whatsoever for any property damage, property loss, property theft, personal injury, death, claim, or any damage of any kind whatsoever, whether arising from the alleged negligence of the Releasees or otherwise, which may arise out of or relate in any way to the Program, including, though not limited to, my travel to or from 4400 Massachusetts Ave NW and participation in the Program. I agree to be solely responsible for any medical, health, or personal injury costs relating to my participation in the Program.
- 5. Prerequisite Skills and Training.** I have the requisite skills, qualifications, physical ability, and/or training necessary to properly and safely participate in the Program. I agree to provide evidence I have received appropriate licensure, certification, or approval before participating in any Program-related activities requiring such licensure, certification, or approval. If I have any questions as to what skills, qualifications, physical liability, or training are necessary, I will direct such questions to the Instructor and/or Program Supervisor.
- 6. No Assumption of Responsibility by University.** I understand that the University does not assume responsibility for any loss, injury or damage to person or property in connection with participation in the Program which results from causes beyond the control of and without fault of the University.
- 7. Consent to Emergency Treatment.** I hereby consent to medical treatment in a medical emergency where I am unable at the time to consent to such treatment.
- 8. Miscellaneous.** This Release may be electronically signed (though either may opt out of doing so) and any electronic signatures herein are the same as handwritten signatures for purposes of validity, enforceability, and admissibility. The laws of the District of Columbia shall govern the validity, construction and enforceability of this Release, without giving effect to its conflict of law principles. The venue for any dispute relating in any way to this Release shall be a court of competent jurisdiction in Washington, D.C. If any clause or provision of this Release is held to be illegal, void or voidable as against public policy or otherwise, the invalidity shall not affect other provisions or parts thereof which may be given effect without the invalid provision or part. To this extent, the provisions, and parts thereof, of this Release are severable.

**I HAVE CAREFULLY READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THIS RELEASE HAVE BEEN MADE.**

\_\_\_\_\_  
Name (PRINTED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### **FOR PARENTS/GUARDIANS OF MINORS (UNDER AGE 18)**

I consent to the referenced minor's participation in the Program and agree to this Release.

\_\_\_\_\_  
Name (PRINTED)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date