

**PLEN**

**Public Leadership Education Network**  
**1875 Connecticut Avenue NW, 10<sup>th</sup> Floor**  
**Washington, DC 20009**  
**(202) 872-1585**  
[www.plen.org](http://www.plen.org)

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND VOLUNTARY RELEASE AND INDEMNITY AGREEMENT**

**INTRODUCTION**

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.** All participants must sign this Document. For participants under 18 years of age (hereinafter "minor") one or both parent(s) or guardian(s) (hereinafter "legal guardian") must also sign. In consideration of the services of the Public Leadership Education Network, a not-for-profit corporation, organized and existing under the laws of the District of Columbia, including all officers, employees, representatives, agents, independent contractors, volunteers, members and all other persons or entities associated with it (hereinafter collectively referred to as "PLEN"), **I (participant and legal guardian(s) of minor) acknowledge and agree as follows:**

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS**

I understand and agree that participation in this Program is purely voluntary. Despite precautions, accidents and injuries can occur. I fully understand and appreciate the dangers, hazards, and risks inherent in participating in this Program, in the transportation to and from the Program, including risks involved in extended or overnight stays in the District of Columbia metropolitan area, and in any independent activities I undertake while on such a Program trip.

I agree that in participating in this Program, **I am accepting and assuming the risk of injury and/or loss or damage of property**, including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including, but not limited to, bodily injury of any nature which may occur while participating in the Program, or contact with the physical surroundings or other persons; arise from travel by car, bus, metro or any other means; or while staying in the District of Columbia metropolitan area with the purpose of attending the Program.
- Theft, loss or damage of my personal property while in transit, participating in the Program, or arising while staying in the District of Columbia metropolitan area with the purpose of attending the Program.
- Natural disaster or other disturbances, and alteration or cancellation of the Program due to such causes.

**RELEASE AND INDEMNITY AGREEMENT**

**Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights.**

I (participant and legal guardian(s)), including heirs, representatives, agents, beneficiaries and assigns, understand and expressly assume all risks outlined above and agree as follows:

- To release and agree not to sue PLEN, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) for any injury, damage, death or other loss in any way connected to my/my minor's enrollment and participation in this Program.
- To defend and indemnify (indemnify means protect by reimbursement or payment) PLEN with respect to any and all claim(s) brought by or on behalf of the participant, legal guardian, or any other person for any injury, damage, death, or other loss in any way connected with my/legal guardian's child's enrollment or participation in this Program, including, but not limited to, claims resulting from PLEN's negligence.

I agree that the substantive laws of the District of Columbia govern this Document and all other aspects of my relationship with PLEN, and that any mediation, suit, or other proceeding must be filed or entered into in the District of Columbia only. **This Document is intended to be interpreted and enforced to the fullest extent allowed by the law.** Any portion of this Document deemed unlawful or unenforceable shall not effect the remaining provisions, and those remaining provisions shall continue in full force and effect.

In the case of medical emergency while attending or traveling to or from the Program, the participant consents to emergency treatment.

The participant consents to PLEN's use of any photographs taken or videotapes made of the Program.

I expressly warrant that I am legally competent to execute this release, and that I have fully informed myself of its contents and meaning.

*Release of Liability:*

Signature/Program Participant \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

*Release of Liability:*

Signature/Legal Guardian \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_