

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

Department of Employment Services



MURIEL BOWSER  
MAYOR

DR. UNIQUE MORRIS-HUGHES  
DIRECTOR

**Employee Waiver for Bring Your Kid to Work Day Program**

I, \_\_\_\_\_ an employee of the Department of Employment Services, hereby acknowledge and agree to the following terms and conditions for participation in the Bring Your Kid to Work Day program on:

1. I understand that participation in the program is voluntary and that I am responsible for supervising my child, [Child's Name], throughout the duration of the event.
2. I acknowledge that my child's participation in the activities organized for Bring Your Kid to Work Day involves certain inherent risks, including but not limited to minor injuries, and I accept these risks on behalf of my child.
3. I agree to release and hold harmless the District of Columbia, Department of Employment Services, its employees, agents, and representatives from any and all claims, liabilities, damages, or expenses arising out of or in connection with my child's participation in the Bring Your Kid to Work Day program.
4. I understand that photographs or video recordings may be taken during the event for promotional or documentation purposes, and I consent to the use of my child's likeness in such materials.
5. In the event of an emergency or medical situation involving my child, I authorize the Department of Employment Services staff to seek emergency medical treatment on behalf of my child.
6. I certify that all information provided in connection with this waiver is true and accurate to the best of my knowledge.

By signing below, I acknowledge that I have read and understand the terms of this waiver and voluntarily agree to its provisions.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_