



## **Dignity/Washington Liability Waiver**

**Participant Name:** \_\_\_\_\_

**Participant Birthdate:** \_\_\_\_\_

Through this registration form, I realize that no medical insurance is provided for Capital Pride activities or Dignity/Washington's parade float activities and agree to assume the risk for any injury, death or loss of property related to my participation or the participation of any identified minors who are my dependents. I agree to make no claims and waive any and all claims against Dignity/Washington and their officers, employees, agents and volunteers for any injury, damages, expenses or other incident arising from this activity, however caused, other than claims for gross negligence or willful misconduct. I [and my dependent(s)] am physically able to participate in this activity. I consent to any medical treatment I [or my dependent(s)] need(s) while involved in this activity and I agree to pay for it. I hereby consent to allow myself [and my dependent(s)] to be recorded on video and in photographs for all publicity purposes, and any other lawful purpose.

By accepting this waiver, I confirm that I am 18 years of age or older, that I have fully read this registration form, and that I agree to its provisions. I understand that accepting the terms of this registration form is a condition to participate in the activities. (Participants under age 18 must have waiver signed by a parent/guardian agreeing to these provisions on their behalf.)

**Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
**(Required if participant is under age 18)**

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_