



Waiver of Liability and Assumption of Risk

I, _____, desire to participate in the Department of Health (DOH) of Washington State's Infant at Work Program. I plan to participate in the Infant at Work Program from _____ to _____.

In consideration for the opportunity to participate in the Infant at Work Program, I voluntarily agree to assume all risks involved in my and my infant's participation in the program. I hereby release, waive, discharge and agree to hold harmless, for any and all purposes, Washington State DOH and its officers, agents or employees from any and all liabilities, claims, demands, or injury that may be sustained by me or my infant while participating in the Infant at Work Program, or while on the premises owned or leased by the DOH and State of Washington. I further agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by my infant or me as a result of participating in this program. I further agree to indemnify and hold harmless the DOH and the State of Washington for any loss, liability, damage or cost, including court costs and attorney's fees that may occur as a result of my participation in this program.

Employee Signature: _____ Date: _____

Baby's Name: _____