



8617 Chateau Drive • Potomac, MD 20854 • ph: 301.365.4400 • fax: 301.365.3905 • mail@dswash.org • www.dswashington.org

Participant Name \_\_\_\_\_

Name of Sponsoring Group \_\_\_\_\_

**Release and Indemnification Form (the "Agreement")-Adult**

\_\_\_\_\_ (Participant's name)

(hereinafter referred to as "the Participant") releases and holds harmless the German School Society Washington D.C. (hereinafter referred to as "the School), its employees and volunteers from any and all claims, causes of action, suits, or damages, which the Participant shall or may have against the School in connection with the his/her participation in a \_\_\_\_\_

\_\_\_\_\_ (activity)

to be held after school and outside regularly scheduled School-sponsored activities.

The Participant agrees that he/she will indemnify the School in connection with any and all losses, costs, damages, claims and/or demands of any kind or nature the School may suffer by reason of his/her having participated in the above-listed activity.

This Agreement is valid from \_\_\_\_\_, 200\_\_ until \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Please print first and last name

\_\_\_\_\_  
Date

# SEASONAL PERMIT REQUEST FORM

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OTHER CONTACT PERSON \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

RESPONSIBLE PERSON/S ATTENDING PRACTICES \_\_\_\_\_

NAME OF PERSON CONNECTED TO THE SCHOOL \_\_\_\_\_

NUMBER OF PARTICIPANTS \_\_\_\_\_

LIST OF PARTICIPANTS WITH WAIVERS NEEDED \_\_\_\_\_

Rules must be followed:

1. No alcohol or beer on premises
2. Parking on school ground only;
3. All trash must be picked up before leaving gym area.
4. Organization must carry a cell phone and first aid kit.
5. Organization provides own equipment.
6. The German School is not responsible for any personal item or equipment that is lost, stolen or damaged.
7. Organization may not use the gym when school is closed due to weather, vacation or any other unforeseen situation. Every attempt will be made to the email the responsible person if the school closes and activities are cancelled.

AGREED AND ACCEPTED BY:

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PERSON

\_\_\_\_\_  
PRINT NAME

DATE \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

To the Principal's/Business Manager's Office

**Registration for an Event/Room Requirement**

For a \_\_\_\_\_Curricular Event \_\_\_\_\_Extracurricular Event

1. Day of the Week:..... Date:.....

Time of Day: from..... to.....

2. Organizer:.....

3. Event:.....

4. Room requirement:.....

5. Request for closing services?                      Yes                      No  
(please circle yes or no)

6. Heating/AC needed?                      Yes                      No  
(please circle yes or no)

7. Other (please provide in English).....

Seen and no objections:.....  
   Vice Principal      Business Mgr.      Facilit. Mgr.

Remarks:.....

Approved by: .....  
   Principal                      Date

To the Administration:    1. Copy Facilities Manager/Engineering  
   2. Copy Applicant  
   3. Copy.....

Report Engineering to Business Manager

- Job assigned to:.....
- Remarks:.....
- Signature:..... Date:.....