

**DC Health Infants-At-Work Program - Attachment B**

DC Health Infant-At-Work Program

**Parent Agreement, Consent & Waiver**

**AGREEMENT**

By signing this Agreement, I certify that I have read the Infant-At-Work Standard Operating Procedures and attachments. I understand and agree to comply with the terms and conditions set forth in the Program Guidelines. I further understand and agree that, in the event I fail to comply with such terms and conditions or otherwise fail to meet any Program criteria (whether or not such criteria are set forth in these guidelines), my Program eligibility may be terminated, requiring me to remove my infant from the workplace with or without notice.

I acknowledge that DC Health is offering participation in the Infant-At-Work Program as a courtesy to full-time employees who are new mother, fathers or legal guardians, and that it is not an employee benefit. Accordingly, I further acknowledge that DC Health reserves the right to terminate a participant’s eligibility, with or without cause, or to cancel or retire the Program in part or in its entirety, with or without case, at any time, thus requiring me to remove my infant from the workplace, with or without notice.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**CONSENT AND WAIVER**

In consideration of DC Health’s permitting me to bring my infant to work with me in compliance with the Infant-At-Work program, I hereby release, on my own behalf and on behalf of my infant, \_\_\_\_\_:(i) DC Health; )ii) any entity affiliated with DC Health; and (iii) any of the current or former owners, officers, directors, agents, employees, representatives, insurers, attorneys, successors, and assigns of DC Health and the foregoing entities from any and all claims, liabilities, causes of action and demands of any kind or character, including negligence, whether vicarious, derivative or direct, that I, \_\_\_\_\_, or any of my child’s family members, heirs or assigns now have or may hereafter have or assert against DC Health growing out of, resulting from, or connected with this policy and/or with me bringing my child to work or his/her presence at work with me.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date