**WAIVER AND RELEASE for Participation in Infants at Work Program (Policy 2.34)**

**Read Carefully - This Affects Your Legal Rights.**

**The Office of Financial Management (OFM) has approved an Infants at Work (IAW) program (OFM Policy 2.34). Under the program, OFM employees may request to bring their infant to work with them. OFM employees who wish to participate in this program must sign this waiver and release prior to participation.**

**By signing this Waiver and Release form, you agree to the following terms and conditions:**

1. You agree that if you engage in the IAW program described above, you do so at your and your infant’s own risk. You certify that your infant has no current health concerns or medical issues that would be aggravated by the infant being in the work environment, and you acknowledge that bringing your infant into a work environment may increase the risk of the infant contracting an illness or medical condition. You voluntarily assume all risk of injury to you or your infant, all risk to you or your infant of the contraction of any illness or medical condition, and all risk of any damage, loss, or theft of any personal property that might result from participation in the program.
2. You agree on behalf of yourself and your infant (and your personal representatives, heirs, executors, administrators, agents, and assigns) to ***release, discharge, and hold harmless*** OFM, the State of Washington, and any of its agencies, officials, agents, and employees from any and all claims, liabilities, causes of action, and demands of any kind arising out of or related to your participation in the IAW program described above.
3. You ***hereby waive any and all rights*** you may have to bring an action for damages or other remedy for injuries that may be sustained by you or your infant as a result of your participation in the IAW program described above, including injuries arising from   
   (a) OFM’s negligence, (b) your use of any OFM equipment or facilities, and (c) improper or negligent maintenance of any such OFM equipment or facilities.

**You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring legal action to assert a claim against OFM and the State of Washington for its negligence.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**