

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES**



DMV Vehicle Tag #

**CONSENT, WAIVER AND INDEMNITY FOR USE OF
DISTRICT MOTOR VEHICLE**

I, _____, request to take a driving skills exam administered by an employee of the District of Columbia in a motor vehicle (“vehicle”) provided by the District as follows:

In consideration of receiving permission to use the vehicle, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) **I WAIVE, RELEASE, AND DISCHARGE** any and all District officials, agents and employees, current and former, and/or representatives (each a “District Party” and collectively the “District Parties” or the “District”) from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest, and expenses (including, attorneys’ fees and costs) (each a “Loss” and collectively “Losses”) including, but not limited to, losses from or connected to my death, disability, personal injury, loss damage or actions which may occur to me in connection with the use of the vehicle arising from either my or the District’s negligence, from my recklessness or intentional acts or from the negligence, recklessness or intentional acts of a third party;
- (B) **I AGREE TO INDEMNIFY and HOLD HARMLESS** the District, for, from, and against any and all claims, losses, actions, liability, damage or suit arising or resulting from the use of the vehicle for the purpose of a driving test administered by the District.

I understand and agree that in the event of any asserted claim, whether it is related to any person or property, including, but not limited to District personnel or property, the District shall notify me with written notice to the address provided below, and I shall at my own expense defend, protect and save harmless the District against said claim or any loss or liability.

In the further event I shall fail to defend and/or indemnify and save

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harmless, then the District shall have full rights to defend, pay or settle said claim on its behalf without notice to me and with full rights to seek from me for all fees, costs, expenses and payments made or agreed to be paid to discharge said claim.

Print Name

Sign Name

Driver License/ID Card #

Home Address

Telephone Number

Date

VEHICLE INSURANCE INFORMATION

Name of Insured Individual

Carrier Name

Policy Number

Carrier Address

Carrier Telephone Number