Rebuilding Together Warner Robins, Inc.

Volunteer Waiver of Liability for the Home Repair Program

CONSENT: I/we am/are aware that in participating in this project, I/my child may be exposed to personal or bodily injury or damage to me/my child, or my/my child’s property as a result of my/my child’s activities, the activities of the volunteers, or the conditions under which my/my child’s volunteer services are performed. With full knowledge of these dangers, I agree to accept any and all risks, injury, or death. I hereby waive all claims and demands, rights or causes from which any liability may or could accrue against Rebuilding Together, Inc. or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include all claims and demands, rights or causes of action of any kind whatsoever resulting from personal injury to me/my child or damage to my/my child’s property sustained in connection with my activities for the Home Repair Program.

VOLUNTARY PARTICIPATION: I acknowledge that I/my child have/has voluntarily applied to assist in the project of which the homes of disadvantaged persons will be repaired by volunteers. I understand that the project is currently scheduled to occur on or about __________________________, 20____; however, the date may be changed at the sole discretion of Rebuilding Together Warner Robins. I understand that I/my child, as a volunteer, will not be paid for my/their services, that I/my child will not be covered by any medical or other insurance coverage provided by Rebuilding Together Warner Robins and that I/my child will not be eligible for any worker’s compensation benefits. I agree that my/my child’s participation in the project may be terminated at any time by either Rebuilding Together Warner Robins, or me/my child.

MEDIA: I further consent to the unrestricted use by Rebuilding Together Warner Robins and/or any persons authorized by them use of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording as a volunteer in connection with the project.

RELEASE: In consideration of the opportunity afforded to me/my child to assist in the project, I agree that me/my child, or my/my child’s assignees, heirs, guardians, and legal representatives, will not assert any cause or right of action to make a claim against Rebuilding Together Warner Robins or any of its affiliated organizations, or either of their officers, directors, or the supplier of any materials or equipment that is used by the project, or any of the other volunteer workers, for injury, damage or death resulting from negligent acts or omissions of any person or entity, however, caused, arising from my/my child’s participation in the project. Without limiting the generality of forgoing, I on behalf of myself /my child hereby voluntarily fully waive, relinquish any rights, actions or causes of action resulting from personal injury or death to me or damage my property, sustained in connection with my/my child’s participation in the project and agree to hold Rebuilding Together Warner Robins, it’s agents, employees, officers, directors, successors, and assigns, harmless from and against any and all claims, liabilities, rights, or causes of action arising out of or as results of my/my child’s participation in the project, including without limitation any of the foregoing arising out of or as a result of my/my child traveling to or from and working on, about, or around a home involved in the project. Without limiting the generality of the foregoing, I agree that this waive shall include any and all claims, liabilities, rights, or causes of injury or death to me/my child or damage to my/my child’s person or property sustained or incurred in connection with my/my child’s activities for and participation in the project.
MEDICAL AUTHORIZATION (FOR YOUTH ONLY): In case of a medical or dental emergency, I understand that every effort will be made to contact me at the telephone number(s) set forth below. If I cannot be reached, I hereby give permission to physician or dentist selected by Rebuilding Together Warner Robins to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for the child named below. A copy of this permission form may be accepted by and treated by the physician an equivalent to the original permission form.

I have carefully read this waiver of liability and fully understand its content. I am aware this is a release of liability and a contract between myself and Rebuilding Together Warner Robins and I sign it of my own free will. By signing, I certify that I am eighteen years of age (or older) and/or the parents, or legal guardians, of the below name child.

Executed this day ______________________________ day of __________________________, 20____.

Volunteer/Parent Printed Name

Volunteer/Parent Signature

Address

City, State, Zip

Contact Phone

Contact Phone (Alt)

WITNESS: __________________________________________ DATE: _________________

BOARD MEMBER SIGNATURE

Start Time: ____________ End Time: ____________ Total Time: ________________

FOR YOUTH VOLUNTEERS ONLY

Name of Child: __________________________________________

High School Attending: __________________________________

Grade: ____________ My child is covered by health Insurance: YES______ NO______

Provider: ____________________________ Policy Number: ____________________________