

Volunteer's Agreement and Release from Liability

1. Voluntary Participation: I have applied to participate as a volunteer in the Rebuilding Together OKC home repair project (the "Project"), in which the homes of disadvantaged persons will be repaired by volunteers. I understand that as a volunteer I will not be paid for my services, that I will not be covered by or eligible for any insurance coverage (if any) provided by Rebuilding Together, other Project volunteers or sponsors, or Project homeowners, including but not limited to medical, property and liability insurance, and workers compensation benefits. I further agree that my participation in the project may be terminated at any time by Rebuilding Together or by me. This release covers my participation any day I work for Rebuilding Together.

2. Assumption of Risks: I AM AWARE THAT, BY PARTICIPATING IN THE PROJECT, I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY AS A RESULT OF MY ACTIVITIES, THE ACTIVITIES OF OTHER VOLUNTEERS, OR THE CONDITIONS UNDER WHICH MY VOLUNTEER SERVICES ARE PERFORMED. WITH KNOWLEDGE OF THESE RISKS, I AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY, AND I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:_____.

3. Release: In consideration of the opportunity afforded me to participate in the Project, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives, will not make any claim against Rebuilding Together or any of its affiliated organizations, or their officers, directors, employees, agents, or donors, or the suppliers of any materials or equipment that are used during the Project, any of the Project volunteers or sponsors, or any homeowner participating in the Project, for injury, death or damage resulting from the acts or omissions of any person or entity, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury to me or my death, or damage to my property, sustained in connection with my participation in the Project; provided, however, that the injury, death or damage was not caused by an act or omission of another person that was reckless, wanton, intentional, or grossly negligent. I further consent to the unrestricted use by Rebuilding Together and/or any person authorized by it of any photographs, recording, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Project.

4. Knowing and Voluntary Execution: I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF AND Rebuilding Together OKC AND A RELEASE OF LIABILITY, AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING THIS AGREEMENT, I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER OR HAVE DELIVERED THE CONSENT OF MY PARENT OR GUARDIAN TO Rebuilding Together OKC.

Executed at (city)_____Oklahoma, Date_____

Team_____House_____

Name of Volunteer (please print)_____

Volunteer (signature)_____

Address (please print)_____

Cell #:_____Work #:_____Home #:_____Email:_____

Signature of parent or legal guardian if volunteer is not eighteen years of age or older

I certify that _____(volunteer) acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing AGREEMENT and signed it in my presence.

Name of witness (please print)_____

Signature of witness_____

Medical Treatment Authorization for Participation of a Minor

I represent and warrant to Rebuilding Together OKC that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the Rebuilding Together project (the "Project"). On behalf of such minor and myself, I have signed a Volunteer's Agreement and Release from Liability (the "Release") and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I request that Rebuilding Together attempt to contact me at the telephone number set forth below. However, I hereby give permission to the physician or dentist selected by Rebuilding Together to hospitalize, treat, secure proper treatment for, and order injection, anesthesia or surgery for the minor named above. A copy of the permission form may be accepted by and treated by the physician or dentist as equivalent to the original permission form.

Signature of Parent/Guardian_____

Telephone_____

PLEASE COMPLETE THE FOLLOWING:

Medical Insurance Carrier:_____

Policy Number:_____

Family Doctor:_____

Address:_____

Phone:_____

Family Dentist:_____

Address:_____

Phone:_____

Any drug or food allergies:_____

Limitation on activities:_____

If I cannot be reached, please contact:_____

Telephone:_____

