

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.
VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY**

1. VOLUNTARY PARTICIPATION: I acknowledge that I have voluntarily applied to participate in Rebuilding Together Arlington/Fairfax/ Falls Church, Inc.'s ("RT-AFF") Program (the "Program"), a program in which the homes of disadvantaged persons will be repaired by volunteers (skilled and unskilled, adults and minors). I understand that as a volunteer I will not be paid for my services. I further agree that my participation in the Program may be terminated at any time by RT-AFF, the sponsorship group to which I belong, or by me.

2. ASSUMPTION OF RISK: I AM AWARE THAT PARTICIPATING IN THE PROGRAM, I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH, OR DAMAGE TO ANY OF MY OWN PROPERTY THAT I MAY BRING TO THE PROGRAM SITE AS A RESULT OF MY PARTICIPATION, THE ACTIONS OF OTHER VOLUNTEERS, OR THE SPECIFIC CONDITIONS UNDER WHICH MY VOLUNTEER SERVICES ARE PERFORMED. WITH KNOWLEDGE OF THESE RISKS, BUT SUBJECT TO THE EXCLUSIONS STATED BELOW, I AGREE TO OTHERWISE ACCEPT AND ASSUME ANY AND ALL RISKS OF PERSONAL INJURY, DEATH, OR DAMAGE TO MY OWN PROPERTY, AND I VERIFY THIS STATEMENT **BY PLACING MY INITIALS HERE** _____

3. RELEASE: In consideration of the opportunity afforded me to participate in the Program, I hereby agree, subject to the exclusions stated below, that I, my successors, assignees, heirs, guardians and legal representatives, will not make any claim against the Program or any of its affiliated organizations, or their officers, directors, or employees, or any suppliers of any materials or equipment that are used during the Program, any of the Program volunteers or sponsors, or any homeowner participating in the Program, for injury, death, or damage resulting from their acts or omissions to act however caused, arising from my participation in the Program. Subject to the Exclusions stated herein below, 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 Program.

4. EXCLUSIONS. The foregoing assumption of risk and release provided in sections 2 and 3 above exclude and do not include actions or occurrences at the site of the Program where I am participating taken or omitted to be taken by any other volunteer and/or the homeowner which are determined to be grossly negligent or willful or wanton misconduct, and further excludes injury or death suffered by me as a direct cause and consequence of defectively manufactured materials, supplies, and/or equipment received from suppliers to the Program that are delivered to the site where I am participating in the Program. Notwithstanding the foregoing exclusions, this form constitutes a complete and unconditional waiver and release to RT-AFF and its employees, officers, directors and volunteers.

5. VIDEO/AUDIO MATERIALS RELEASE. I further consent to the unrestricted use by the Program and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Program.

6. KNOWING AND VOLUNTARY EXECUTION: I have carefully read this agreement and fully understand its contents. I am aware that this is a contract and a release of liability between myself and RT-AFF and the Program, 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 if I am under 18 years of age, I have delivered the written consent of my parent or guardian, below, to RT-AFF.

Executed in (City) _____, Virginia, on (date) _____

Volunteer Name: _____ Volunteer Signature: _____

Consent signature of parent/legal guardian for minors under eighteen years (no minors under 14).

(Must be accompanied by Authorization for participating minor release from liability and Medical treatment authorization for minor forms.)

Vol. Address: _____
Street City State Zip

Phone: _____ Email: _____

Please add me to your e-news and announcements. I would like to be contacted about projects during the year.

Witness: _____ Date: _____ Group: _____

**Complete prior to volunteer activities, keep on site during the workday and return to
Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030, (703) 528-1999 Fax: (703) 528-1197**

**REBUILDING TOGETHER
ARLINGTON/FAIRFAX/FALLS CHURCH, INC.**

**AUTHORIZATION FOR PARTICIPATING MINOR
RELEASE FROM LIABILITY (minors must be at least 14)**

(MUST BE ACCOMPANIED BY VOLUNTEER RELEASE FORM SIGNED BY PARENT)

Name of minor: _____

I represent and warrant to Rebuilding Together Arlington/Fairfax/Falls Church, Inc. ("RT-AFF") that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the RT-AFF program (the "Program").

On behalf of such minor and for myself/ourselves, I/We have signed a separate Volunteer's Agreement and Release From Liability form and hereby agree to all of the terms and conditions of the release and consent in regard to the minor as stated above and as made in that Volunteer's Agreement and Release From Liability.

I/We am/are aware that in participating in the Program, the above minor may be exposed to personal injury or death or damage to his/her property as a result of his/her activities, the activity of other volunteers, or the conditions under which the said minor's volunteer services are performed. With knowledge of these risks, the parents/guardians of the minor agree to accept any and all risks of personal injury, death or damage to his/her personal property, and I/We verify this statement by **placing my initials here** _____.

I/We, together with our child/children, have carefully read this agreement and fully understand its contents. I/We am/are aware that this is a limited release of liability between myself, said minor and RT-AFF and its Program and sign this of my/our own free will.

Executed (city) _____, Virginia, on _____.

parent/guardian (print)

address

parent/guardian (signature)

city state zip

name of minor (print)

telephone

name of minor (signature)

witness signature

**This form must be completed prior to any volunteer activities,
kept on site during the workday and returned by May 19, 2017 to
Rebuilding Together-AFF, 10723 Main St. #135, Fairfax, VA 22030, (703) 528-1999 Fax: (703) 528-1197**

REBUILDING TOGETHER
ARLINGTON/FAIRFAX/FALLS CHURCH, INC.
MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR
(Must be accompanied by Volunteer Agreement Release From and
Authorization for Participating Minor Form – No minors under the age of 14)

Name of Minor: _____ (Please print)

I represent and warrant to Rebuilding Together Arlington/Fairfax/Falls Church, Inc. (RT-AFF) that I/We am/are the parent(s) or legal guardian(s) of the minor named above. The above named minor has my/our permission to participate in the RT-AFF program (the "Program"). On behalf of such minor and myself/ourselves I have signed a Volunteer Agreement and Release From Liability Form (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 RT-AFF attempt to contact me at the telephone number set forth below. However, I hereby give permission to the physician or dentist selected by RT-AFF to hospitalize, treat, secure proper treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician or dentist as equivalent to the original permission form.

Signature of Parent/Guardian _____
Date

Phone _____

Address _____

1 Medical Insurance Carrier _____
Policy Number _____

2 Family Doctor _____

Address _____
Phone _____

3 Family Dentist/Orthodontist _____

Address _____

Phone _____

4 Any Drug or Food Allergies _____

5 Limitation on Activities _____

6 If I cannot be reached, please contact _____
Phone _____

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(703) 528-1999 Fax: (703) 528-1197