



Rebuilding Together Arlington/Fairfax/Falls Church, Inc.
2022 VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY – MINOR
(AT LEAST 14 YEARS OLD)
Please complete the Medical Treatment Authorization Form

This Volunteer's Agreement and Release of Liability (this "Agreement and Release") is executed by the undersigned volunteer as of the date indicated below in favor of Rebuilding Together Arlington/Fairfax/Falls Church, Inc. and Rebuilding Together, Inc.

Please carefully read each section of this Agreement and Release and sign and date this Agreement and Release where indicated (or confirm acceptance of this Agreement and Release, if it is completed electronically). Your signature below, or electronic confirmation (if this Agreement and Release is completed electronically) constitutes your irrevocable and unconditional consent to the terms hereof. Failure to sign and date this Agreement and Release or confirm electronically (if this Agreement and Release is completed electronically) will make you ineligible to participate as a volunteer.

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 Project with the Group Named above.

1. **VOLUNTARY PARTICIPATION:** I acknowledge on behalf of myself and the named Minor, that the Minor has voluntarily applied to participate in activities conducted by Rebuilding Together Arlington/Fairfax/Falls Church, Inc.'s ("RT-AFF") in which the homes of low-income persons, nonprofit facilities serving people in need and community spaces will be repaired or renovated by volunteers (skilled and unskilled) (the "Program"). We understand that as a volunteer the Minor will not be paid for the services provided, will receive no benefits, and is responsible their own insurance coverage in the event of personal injury or illness arising from our volunteer services. The Minor agrees to refrain from sexual harassment, consisting of, but not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. We further agree that the Minor's participation in the Program may be terminated at any time by RT-AFF, any sponsorship group to which we belong, the Minor or myself.

2. **ASSUMPTION OF RISK:** We are aware that by participating in the Program the Minor may be exposed to personal injury illness or death, damage to the Minor's own property as a result of the Minor's participation, the activities of other volunteers, or the conditions under which the Minor's volunteer services are performed. We further understand and agree that by participating in the Program, that the Minor may become exposed to viruses, infectious diseases, and potentially biological and chemical hazards unique to the specific project being worked on including, but not limited to, exposure to mold, mold spores, and chemicals used in the treatment and removal of mold and mold spores, and that exposure to mold and mold spores carries with it certain risks including, but are not limited to: allergic reactions, irritation associated with volatile organic compounds (VOCs), invasive disease, and mycotoxicosis. We acknowledge that (a) these risks are increased if the Minor suffers from immune system deficiencies due to disease, chemotherapy, or other causes, (b) infants are also susceptible to increased risks, and (c) the Minor should make every effort to avoid exposing family members to contaminated clothing or tools. With knowledge of these risks, we agree to accept any and all risks of personal injury, illness, death or damage to my property related to or arising out of the Minor's participation in the Program. We further agree to comply with any applicable protocol, rule or directive (including any protocols related to infectious diseases such as the coronavirus) and assume the complete risk of any activity done (or not done) by the Minor in violation of any applicable protocol, rule or directive.

Project #: _____ Group Name _____ Homeowner _____

3. **RELEASE:** In consideration of the opportunity afforded the Minor to participate in the Program, we hereby agree, on behalf of ourselves and our successors, assignees, heirs, guardians and legal representatives, hereby irrevocably and unconditionally (a) waive and release any and all claims for personal injury, illness, death or damage to property and any and all claims that arise on account of any first aid, treatment or service rendered to the Minor, in each case, related to or arising out of participation in the Program (collectively, the "Released Claims") against Rebuilding Together Arlington/Fairfax/Falls Church, Inc., Rebuilding Together, Inc., Arlington County, Fairfax County, and all of their respective officers, directors, contractors, agents and volunteers, any financial or in-kind sponsor of the Program, including governmental and non- governmental funding sources, any supplier of any materials or equipment that is used in the Program, any other volunteer or service recipient participating in the Program or any recipient of the benefits of the Program (collectively, the "Released Parties"); and (b) agree not to assert or prosecute (or assist any other person or entity in asserting or prosecuting) any Released Claim against any Released Party. We understand and agree that no Released Party assumes any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health and/or life insurance with respect to any Released Claim. Notwithstanding anything contained in this Paragraph 3 to the contrary, the release specifically excludes the act of any other volunteer and/or the homeowner which is determined to be grossly negligent or was done willfully and wantonly, and further excludes claims against manufacturers or suppliers for injury or death suffered by the Minor 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.
4. **VIDEO/AUDIO MATERIALS RELEASE:** We grant and convey to RT-AFF all right, title and interest in any and all photographs, images, video, or audio recordings of the Minor or the Minor's likeness or voice made by RTAFF in connection with my providing volunteer services in the Program and consent to RT-AFF's unrestricted use of such materials in connection with the Program
5. **GOVERNING LAW AND SEVERABILITY:** We (a) acknowledge that this Agreement and Release is intended to be interpreted as broadly and inclusively as permitted by the laws of the Commonwealth of Virginia, (b) agree that this Agreement and Release shall be governed by the internal laws of the Commonwealth of Virginia, and (c) agree that if any clause or provision of this Agreement and Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.
6. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read and understand this Agreement and Release and any questions of mine have been answered. I am aware that this is a contract and a release of liability between myself and the Released Parties and the Program which binds the Minor and me. I have signed this Agreement and Release voluntarily and of my own free will. I certify that the Minor is fourteen years of age or older. I agree that this Agreement and Release governs all of the Minor's volunteer activities with RT-AFF during the calendar year 2022 and that I will be required to sign a new Agreement and Release if the Minor intends to volunteer for any succeeding years.

Executed in (City) _____, Virginia, on (date) _____	
Minor Name _____	Minor's Signature _____
Parent/Guardian Name _____	Parent/Guardian's Signature _____
Parent/Guardian Address _____	
Street _____	City _____ State _____ Zip code _____
Phone _____	Email: _____
Witness _____	Date _____ Group _____

Complete prior to volunteer activities and return to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030

Email PDF to: info@rebuildingtogether-aff.org or call 703-528-1999 for additional information

Project #: _____ Group Name _____ Homeowner _____

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.
MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR
(at least 14 years old)**

(Must be accompanied by Volunteer Agreement and Release from Liability – Minor)

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 – Minor (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.

Name of Parent/Guardian (Please print) Signature

Address: _____

Phone: _____ Date: _____

1 Medical Insurance Carrier: _____ Policy #: _____

2 Family Doctor: _____ Phone: _____

Address: _____

3 Family Dentist/Orthodontist: _____ Phone: _____

Address: _____

4 Any Drug or Food Allergies: _____

5 Limitation on Activities: _____

6 If I cannot be reached contact: _____ Phone: _____

**This form must be completed prior to any volunteer activities,
keep on site during the work day and return to
Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030
Email PDF: info@rebuildingtogether-aff.org or call (703) 528-1999 for additional information**