

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 18, 2018 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 Form 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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