

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.  
2019 VOLUNTEER'S AGREEMENT AND  
RELEASE FROM LIABILITY – MINOR (AT LEAST 14 YEARS OLD)  
Please complete the Medical Treatment Authorization Form**

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, we have voluntarily applied to participate in Rebuilding Together Arlington/Fairfax/ Falls Church, Inc.'s ("RT-AFF") Program (the "Program"), a program which the homes of low-income persons, nonprofit facilities serving people in need and community spaces will be repaired by volunteers (skilled and unskilled). We understand that as a volunteer we will not be paid for the services provided. 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, or by the Minor or me.

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

**3. RELEASE:** In consideration of the opportunity afforded Minor to participate in the Program, we hereby agree, subject to the exclusions stated below, that we, our successors, assignees, heirs, guardians and legal representatives, will not make any claim against the Program or any of its affiliated organizations, Program sponsors including governmental and non-governmental funding sources, RT-AFF contractors 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 Minor's participation in the Program. Subject to the Exclusions stated herein below, we hereby waive and release any rights, actions or causes of action resulting from personal injury to Minor, or Minor's death, or damage to Minor's property, sustained in connection with Minor's 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 Minor is 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 claims against manufacturers or suppliers for injury or death suffered by 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 Minor is participating in the Program. Notwithstanding the foregoing exclusions, this form constitutes a complete and unconditional waiver and release to RT-AFF, Program sponsors including governmental and non-governmental funding sources and their employees, officers, directors and volunteers, RT-AFF governmental and non-governmental program funders and sponsors

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

**6. KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this agreement and fully understand its contents including the terms of the waiver in Paragraphs 2 and 3 above. I am aware that this is a contract and a release of liability between myself and RT-AFF and the Program which binds Minor and me, and I sign it of my own free will. By signing this agreement, I certify that Minor is fourteen years of age or older.

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 _____

**This form must be completed prior to any volunteer activities,  
keep on site during the workday and returned to  
Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030  
PDF: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) Phone: 703-528-1999**

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.

\_\_\_\_\_  
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 \_\_\_\_\_

**This form must be completed prior to any volunteer activities,  
keep on site during the workday and returned to  
Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030  
PDF: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) Phone: 703-528-1999**