

Rebuilding Together Bergen County
P.O. Box 1389, Ridgewood, NJ 07451-1389 (201) 447-8886

Volunteer's Agreement and Release from Liability

1. Voluntary Participation. I acknowledge that I have voluntarily applied to assist in the Rebuilding Together Bergen County project (the "project"), a project in which the homes of disadvantaged persons or non-profit facilities will be repaired by volunteers. I understand that the Project is currently scheduled to occur on **April _____, 2012**; however, those dates may be changed at the sole discretion of Rebuilding Together Bergen County, Inc. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Rebuilding Together Bergen County, Inc. and that I will not be eligible for any Workers Compensation benefits. I further agree that my participation in the Project may be terminated at any time by either Rebuilding Together Bergen County, Inc., or me.

2. Assumption of Risk. I AM AWARE THAT, IN PARTICIPATING IN THIS PROJECT, I MAY BE EXPOSED TO PERSONAL INJURY 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 DANGERS, I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

3. Release. In consideration of the opportunity afforded me to assist in this Project, I hereby agree that I, my assignees, heirs, guardians and legal representatives, will not make a claim against Rebuilding Together Bergen County, Inc., or any of its affiliated organizations, or of their officers, directors, employees, sponsors and donors, or of the supplier of any materials of equipment that is used by the Project, or any of the volunteer workers, for injury, damage or death resulting from the negligent 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 or death to me, or damage to my property, sustained in connection with my participation in the Project. I further consent to the unrestricted use by Rebuilding Together Bergen County, Inc. and/or any

person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me 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 RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND Rebuilding Together Bergen County, Inc., AND I DO SIGN IT OF MY OWN FREE WILL, BY SIGNING THIS AGREEMENT I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE (OR OLDER) OR I HAVE DELIVERED THE CONSENT OF MY PARENT OR GUARDIAN TO Rebuilding Together Bergen County, Inc.

Executed on _____, 2012, at
(worksite)_____.

Volunteer Signature _____

Volunteer Name (Print) _____

Email _____

Mailing address _____

Town _____ State _____ Zip _____

Phone _____

Parent or Legal Guardian if under 18 years of age

Signature _____

Name _____

Telephone _____

REBUILDING TOGETHER REPRESENTATIVE:

I certify that _____ acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing RELEASE, and signed it in my presence.

Rebuilding Together Bergen County, Inc.

SIGNED BY: _____, Volunteer Coordinator

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Parental Consent for Minor Participant

Name of Child : _____

The above named child has my permission to participate in the Rebuilding Together Bergen County, Inc., home repair project on _____, 2011. On behalf of such child I have signed a Volunteer's Agreement and Release from Liability and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give permission to the physician or dentist selected by Rebuilding Together Bergen County, Inc. to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the child named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission form.

Date: _____

Signature of Parent or Guardian: _____

Telephone: _____

Please complete the following:

Medical Insurance Carried : _____

Policy Number : _____

(over)

Family Doctor : _____

Address: _____

Telephone: _____

Family Dentist: _____

Address: _____

Telephone: _____

ANY DRUG OR FOOD ALLERGIES: _____

LIMITATIONS ON ACTIVITIES: _____

IF I CANNOT BE REACHED, PLEASE CONTACT _____

TELEPHONE: _____

Date: _____

Signature of Parent or Guardian: _____