



Volunteer's Agreement, Release and Indemnification

- 1. Voluntary Participation:** I acknowledge that I have voluntarily applied to participate in the Rebuilding Together La Porte County Program. I understand that as a volunteer I will not be paid for my services, and that I will not be covered by or eligible for any insurance coverage or benefits (if any) provided by Rebuilding Together La Porte County, other Program volunteers or Program sponsors or building owners, including but not limited to medical, property or liability insurance, or Workers' Compensation benefits. I further agree that my participation in the Program may be terminated at any time by Rebuilding Together La Porte County or by me.
- 2. ASSUMPTION OF RISK:** I am aware that, in participating in the program, I may be exposed to personal injury or death 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 risks, I accept any and all risks of personal injury to me or my death or damage to my property, and I verify this statement **by placing my initials here:** _____.
- 3.** I agree not to consume any **alcoholic beverages or unlawful substances** while participating in the Rebuilding Together La Porte County Program. Finally, I acknowledge and agree that this provision is necessary to protect RTLC's reputation and community goodwill.
- 4. Release:** In consideration of the opportunity afforded me to participate in the Program, I, my successors, assignees, heirs, guardians and legal representatives, release and discharge Rebuilding Together La Porte County and all of its affiliated organizations, and their officers, directors, and employees, and the suppliers of any materials and equipment that are used in the Program, any of the Program volunteers or sponsors, from any and all claims arising in connection with my participation in the Program. Without limiting the generality of the foregoing, I waive and release any and all 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 and agree not to make any claim against Rebuilding Together La Porte County in connection with my participation in this Program; provided, however, that the injury, death or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent.

5. **Indemnification:** In consideration of the opportunity afforded me to participate in the Program, I agree to indemnify, hold harmless, protect, and defend Rebuilding Together La Porte County from and against any and all liability, actions, causes of action, costs, and expenses arising in connection with any claim for injury, death, or property damage arising or resulting from or connected with my acts or negligence while participating in the Program.

6. **Authorization:** I further consent to the unrestricted use by Rebuilding Together La Porte County and/or any person authorized by them of any photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Program.

7. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this agreement and fully understand its contents. I am aware that this is a contract between me and Rebuilding Together La Porte County and a release of liability and promise not to sue Rebuilding Together La Porte County. I sign it of my own free will. I understand that I would not be allowed to participate in the program unless I signed this agreement. by signing this agreement, I certify that I am eighteen years of age or older or have delivered the consent of my parent or guardian to Rebuilding Together La Porte County.

Executed on (date) _____

_____ (Signature) Volunteer

_____ Name of Volunteer (**please print**)

**Signature below of parent or legal guardian if volunteer is not eighteen years or older.
Volunteers under 16 must be accompanied by a parent or guardian.**

Email address: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Name of Minor:

Medical Treatment Authorization For Participating Minor

(Must be accompanied by Volunteer Agreement form signed by parent or guardian)

I represent and warrant to Rebuilding Together La Porte County that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the Rebuilding Together La Porte County Home Repair Program (the "Program"). **On behalf of such minor and myself, I have signed a Volunteer's Agreement, Release and Indemnification** (the "Volunteer's Agreement") and hereby agree to all of the terms and conditions of the Volunteer's Agreement.

In case of medical or dental emergency, I request that Rebuilding Together La Porte County attempt to contact me at the telephone number set forth below. However, I give permission to the physician or dentist selected by Rebuilding Together La Porte County to hospitalize, treat, secure treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this treatment authorization may be accepted by and treated by any hospital, medical facility, physician or dentist as equivalent to the original treatment authorization.

Date

Signature of Parent/Guardian

PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carrier: _____
Policy Number: _____
2. Family Doctor: _____ Telephone: _____
3. Family Dentist: _____ Telephone: _____
4. Any drug or food allergies: _____
5. Limitation on activities: _____
6. Alternate Emergency Contact: _____ Telephone: _____