



448 Tolland Turnpike
Manchester, CT 06042
Ph. (860) 647-3167
<http://rebuildingtogether1.townofmanchester.org/>

VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY

PLEASE PRINT LEGIBLY

Volunteer Name: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work or Cell Number: _____

This is my first time volunteering. Company or Group Name: _____

I am a licensed: Electrician Plumber Prof. Carpenter RRP Certified Other _____

1. **Voluntary Participation:** I acknowledge that I have voluntarily applied to assist in Rebuilding Together Manchester, Inc.'s ("RTM") program in which volunteers repair, rehabilitate, deconstruct and/or construct the homes of disadvantaged persons ("Project"). I understand as a Volunteer that I will not be paid for my services, that I will not be covered by any health, medical, disability or other insurance coverage provided by Rebuilding Together and that I will not be eligible for any Workers Compensation benefits.

2. **Release and Waiver:** 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 RTM, or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive, release and forever discharge 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, including the travel to, from, or during the Project.

3. **Medical Treatment:** Volunteer does hereby release and forever discharge Rebuilding Together Manchester, Inc. from any claim whatsoever which arises or may arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with Rebuilding.

4. **Assumption of Risk:** Volunteer understands that their participation in the Project may include work that may be hazardous to the Volunteer. Volunteer expressly and specifically assumes the risk of injury or harm from their participation in the Project and releases RTM from all liability for injury, illness, death or property damage resulting from their participation in the Project.

5. **Photographic Release:** I further consent to the unrestricted use by RTM and/or person(s) authorized by them, of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me or my child in connection with the Project. Volunteer does hereby grant and convey unto RTM all rights, title, and interest in any and all of said photographic and video or audio recordings made by RTM during the Volunteer's participation in the project, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

SIGNED this _____ day of _____, 20_____

Volunteer (Signature) _____

(Signature) of parent or legal guardian required for volunteer under age 18 _____

Witness (Signature) _____

Age Restrictions for Minors: Youths 17 and under must have an adult chaperone age 21 or older as well as have a parent or legal guardian's authorization to participate in the form of signature of this waiver.

Please sign completed waiver and return to your Volunteer Liaison. If you are not part of a group, mail waiver to:

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