



REBUILDING HOPE INC.

252.438. 5132

rebuildinghope@ncol.net

rebuildinghopeinc.org

Shipping address:
249 N. Oliver Dr
Henderson. NC 27537

Mailing address:
PO Box 2826
Henderson. NC 27536

PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Rebuilding Hope Inc.

As a volunteer with Rebuilding Hope Inc., I, _____, acknowledge and state the following:

I have chosen to perform volunteer work.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the work site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the volunteer team; and am fully aware of possible injuries to members of the volunteer team, including myself. I understand these dangers and certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals in crisis or in need. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that Rebuilding Hope Inc. arranges accommodations, I understand that they are not responsible for my personal effects and property and that they will not provide lock-up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations which may be in effect for the accommodations at that time.

Parents are responsible for children that are minors and the church group leader is responsible for youth under age 18.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purpose herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of Rebuilding Hope Inc gives notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Rebuilding Hope Inc together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Signature (Legal Guardian signature required for youth under 18)

Address

City

Church/Group

Person to contact in case of EMERGENCY

Witness

Date

(_____) _____
Phone

State

Zip

(_____) _____
Phone

Date