

**WAIVER OF LIABILITY and MEDIA CONSENT
REBUILDING TOGETHER**

FULL NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	ALT PHONE NUMBER:	
TEAM LEADER/ GROUP NAME:		
EMAIL:		
EMERGENCY CONTACT NAME		
EMERGENCY CONTACT PHONE NUMBER:		

In consideration of the opportunity afforded to me to volunteer with the Rebuilding Together Valley of the Sun (the "Project"), and in light of the aims and charitable purposes of the community service provided by Rebuilding Together Valley of the Sun, and the limited organizational function of Rebuilding Together Valley of the Sun, and for other valuable consideration. I hereby agree as follows:

1. Volunteers. I understand that volunteer workers have voluntarily agreed to assist in the Project, that the date for the Project may be changed at the sole discretion of Rebuilding Together Valley of the Sun, that volunteers will not be paid for their services and that no medical insurance or workers compensation benefits will be provided by Rebuilding Together Valley of the Sun, and that the participation of individual volunteers may be terminated at any time by the volunteer or by Rebuilding Together Valley of the Sun for any reason whatsoever.
 2. Homeowners. I understand that the services provided to homeowners in connection with the Project are strictly voluntary and that neither the volunteers, the sponsors nor Rebuilding Together Valley of the Sun have any obligation whatsoever to perform any work, or any particular scope of work, on a home identified as in need of repair in connection with the Project.
 3. ASSUMPTION OF RISK AND WAIVER OF LIABILITY. I AM AWARE THAT IN CONNECTION WITH REPAIR ACTIVITIES ASSOCIATED WITH THE PROJECT, I MAY BE EXPOSED TO PERSONAL OR BODILY INJURY OR DAMAGE TO MY PROPERTY. WITH FULL KNOWLEDGE OF THE POTENTIAL DANGERS INVOLVED, I, ON BEHALF OF MYSELF, MY ASSIGNEES, HEIRS, GUARDIANS AND LEGAL REPRESENTATIVES, AGREE TO ASSUME ANY AND ALL RISKS OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, AND HEREBY VOLUNTARILY AND FULLY WAIVE, RELINQUISH AND RELEASE ANY AND ALL RIGHTS, CLAIMS OR CAUSES OF ACTION AGAINST REBUILDING TOGETHER VALLEY OF THE SUN, ITS AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS, THE SUPPLIERS, SPONSORS AND VOLUNTEERS TO THE PROJECT, COLLECTIVELY AND INDIVIDUALLY, AND ACKNOWLEDGE THE FOREGOING BY PLACING MY INITIALS HERE: _____
 4. Media Consent. I consent to the unrestricted use of my image, in connection with the Project, by Rebuilding Together Valley of the Sun or any person authorized by Rebuilding Together Valley of the Sun, including, but not limited to, any photographs, audio or video recordings, interviews, videotapes, motion pictures or the use of my name in connection with television, radio or print media. I also consent to being in the Rebuilding Together Valley of the Sun email list.
 5. Social Media Consent: I consent to adding my contact information for social media uses including e-newsletter. This information will not be shared with other organization. I understand I can opt out through the social media. I do NOT provide social media consent _____
 6. Parental Consent. In the event the undersigned is a parent to a child involved in the Project, I (we) understand the foregoing provisions shall apply to my (our) child and fully and voluntarily agree to be bound thereto. By signing below, I (we) certify that I (we) are over the age of eighteen and are competent to enter into this agreement on behalf of my (our) child as we as myself (ourselves) and my (our) child's participation in the Project, I (we) agree to defend, indemnify and hold harmless Rebuilding Together Valley of the Sun its agents, employees, officers and directors, as well as the suppliers, sponsors and other volunteers to the Project.
- In the event of a medical or dental emergency, I (we) understand that every effort will be made to contact me (us) at the telephone number listed on the attached page. If I (we) cannot be reached, for any reason, I (we) hereby authorize Rebuilding Together Valley of the Sun to seek treatment for my (our) child, and a copy of this permission form may be accepted by and treated by the physician as the equivalent to the original permission form.
7. Knowing and Voluntarily Execution. The undersigned has carefully read this waiver of liability, fully understands its contents, is aware that this is a release of liability and a contract with Rebuilding Together Valley of the Sun, and signs it of my own free will.

Signature (If under the age of 18, a parent or guardian must sign)

Date

Witness