

Release from Liability Waiver Assumption of Risk Agreement
PLEASE PRINT

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Date of Birth: _____

All volunteers must have completed a "Waiver of Liability" before participating in the Building Hope Project. If you do not have a completed form on file, you will not be able to participate. Please fill out in ink and return to a Building Hope coordinator. Thank you.

Building construction is a dangerous occupation. As a volunteer, you are not covered by Workers Compensation Insurance, nor does the NC Council of Churches or Design Corps have liability coverage for injury of volunteers. We ask that all volunteers accept full responsibility for their own safety.

WAIVER OF LIABILITY

Please read carefully. This document affects your legal rights.

This Release and Waiver of Liability (the "Release") executed on this date by the Volunteer in favor of the NC Council of Churches and Design Corps.

The Volunteer desires to work as a volunteer for Design Corps and engage in the activities related to being a volunteer (the Activities). The Volunteer understands that the Activities may include constructing of chicken coops and greenhouses. The Volunteer hereby freely, voluntarily, and without duress, executes this Release under the following terms:

1. Release and Waiver – the Volunteer does hereby release and forever discharge and hold harmless the NC Council of Churches, Design Corps and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Volunteer's Activities with the NC Council of Churches and Design Corps. The Volunteer understands that this Release discharges both the NC Council of Churches and Design Corps from any liability or claim that the Volunteer may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with the NC Council of Churches and Design Corps, whether caused by the negligence of the NC Council of Churches and Design Corps or its officers, directors, employees, or agents or otherwise. The Volunteers also understands that the NC Council of Churches and Design Corps does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment – The Volunteer does hereby release and forever discharge the NC Council of Churches and Design Corps from any claim whatsoever which arise or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer’s Activities with the NC Council of Churches and Design Corps.

3. Assumption of the Risk – The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including but not limited to, construction, loading and unloading, and transportation to and from the work sites.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the NC Council of Churches and Design Corps from all liability for injury, illness, death or property damage resulting from the Activities.

4. Insurance – The Volunteer understands that the NC Council of Churches and Design Corps do not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each volunteer is encouraged and expected to obtain their own medical or health insurance coverage.

5. Photographic Release – The Volunteer does hereby grant and convey unto the NC Council of Churches and Design Corps all right, title, and interest in any and all photographic images and video or audio recordings made by the NC Council of Churches and Design Corps during the Volunteer’s Activities, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Name of Emergency Contact: _____

Relationship to Volunteer: _____

Emergency Contact Phone: _____

Do you have any allergies to medication or any other special needs? YES NO

If yes, what are they? (Please write clearly): _____

Volunteer Signature: _____ Date: _____

Signature of Parent (if participant is under the age of 18):

Name(s) of dependent(s) less than 18 years of age and covered by this waiver:
