

## RELEASE AND WAIVER OF LIABILITY FOR ADULTS & MINORS

Please Read Carefully: This is a legal document that affects your legal rights!

Construction site laborers must be 16 years old or older and, as such, they and/or their guardians between make such representation

		(month)	(day)	(year)
by	, an <b>ADULT</b> (the "Volunteer"), or			
by	, a MINOR CHILD (the "Voluntee	r'') and		
(Volunteer's name	-PRINT)	(Gı	uardian's name - PRI	NT)
he narent having legal a	custody and/or the legal guardian of the Volunteer (the	ne "Guardian")		
me parent naving legar t	abloay and of the regal guardian of the volunteer (a	ie Guaraian ),		

and Pennsylvania Home of the Sparrow, a Pennsylvania nonprofit corporation, their directors, officers, employees, and agents (collectively, "HoS").

The Volunteer and/or Guardian desire that the Volunteer work as a volunteer for HoS and engage in the activities related to being a volunteer. The Volunteer and/or the Guardian understand that the activities may include constructing and rehabilitating residential buildings and working in the HoS offices.

The Volunteer and/or Guardian do hereby freely, voluntarily and without duress execute this Release under the following terms:

- Waiver and Release. Volunteer and/or Guardian do hereby release and forever discharge and hold harmless HoS and its employees, officers and directors, 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 Volunteer's work for HoS or otherwise.
   Volunteer and/or Guardian understand that this Release discharges HoS from any liability or claim that the Volunteer and/or Guardian may have against HoS with respect to any bodily injury, personal injury, illness, death or property damage or any claim that may result from Volunteer's work for HoS, whether caused by the negligence of HoS or its officers, directors, employees, or agents or otherwise. Volunteer and/or Guardian also understand that HoS 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**. Volunteer and/or Guardian do hereby release and forever discharge HoS from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for HoS or with the decision by any representative or agent of HoS to exercise the power to consent to medical or dental treatment.
- 3. **Assumption of the Risk**. The Volunteer and/or Guardian understand that the work for HoS may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading and transportation to and from the work sites. Volunteer and/or Guardian hereby expressly and specifically assume the risk of injury or harm in these activities and release HoS from all liability for injury, illness, death or property damage resulting from the activities for the Volunteer's work for HoS.
- 4. **Insurance**. The Volunteer and/or Guardian understand that HoS does not carry or maintain health, medical or disability insurance coverage for any Volunteer.
  - Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- 5. **Photographic Release.** Volunteer and/or Guardian do hereby: consent that their photograph may be taken or their image digitally recorded while engaged in work for HoS and do hereby grant and convey unto HoS all right, title and interest in any and all photographic images and video or audio recordings made by HoS during the Volunteer's work for HoS, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Other. Volunteer and/or Guardian expressly agree that this Release is intended to be as Broad and inclusive as permitted by the laws of the State of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. Volunteer and/or Guardian agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

PRINT Volunteer's Name				Birth Date:
	First	]	Last	(if under the age of 18)
Volunteer's Signature:				
Parent/Guardian's Name (PF	RINT):			
Parent/Guardian's Signature:	:			
Address:				
City:	State	:	Zip:	
Home Phone:	Work	Phone:		
EMAIL ADDRESS				
ORGANIZATION or Affili	ation (if any):			
asked of me. I have also not Please list and explain:	ious injuries, disabilitie ified a staff person of t	these injuries	s, disabilities, or	
Parent/Guardian's Signature.				
EMERGENCY CONTACT	r:			
Phone:		J	Relationship: _	:
				r electronic newsletter and may receive other volunteer
				notify us at any time if you prefer not to receive emails

Updated 8/21/15