

VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I acknowledge that I have voluntarily applied to assist in the Rebuilding Together Sheboygan County, Inc. Home Repair Project (the "Project"); a Project in which the homes of disadvantaged persons will be repaired by volunteers. I understand that the Project is currently scheduled to occur on or about **April 30th, 2011**; however, the date may be changed in the sole discretion of Rebuilding Together Sheboygan County, Inc. ("RT"). I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by RT, and that I will not be eligible for any Workers Compensation benefits. I further agree that my participation in the Project may be terminated at any time by either RT or me.

2. **Assumption of Risk.** I am aware that, in participating in this project, I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other volunteers, or the conditions under which my volunteer services are performed. With knowledge of these dangers, I agree to accept any and all risks of injury or death, and verify this statement by placing my initials here: **_____**

3. **Release.** 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 RT, or any of its affiliated organizations, or either of their officers or directors, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for injury, damage or death resulting from the negligent acts or omissions of any person or entity, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release 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; provided, however, that the loss or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent. I further consent to the unrestricted use by RT and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me in connection with the Project.

4. **Knowing and Voluntary Execution.** I have carefully read this page and fully understand its contents. I am aware that this is a release of liability, and a contract between RT and myself, and sign it of my own free will. By signing this agreement I certify that I am eighteen years of age (or older) or have delivered the consent of my parent or guardian to Rebuilding Together-Sheboygan County.

Executed at Sheboygan, WI, on **April 20th, 2011**

Volunteer (signature)

Address

Name

Telephone

Email address **_____**

I certify that **_____** acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing RELEASE, and signed it in my presence.

Executed in Sheboygan, WI on .

Rebuilding Together-Sheboygan County