

Hours worked: _	

21031 Ventura Boulevard / Suite 610 / Woodland Hills, California / (818) 884-8808 / FAX (818) 884-8838

ASSUMPTION OF RISK, RELEASE FROM LIABILITY AND AGREEMENT

FOR VOLUNTEERS, INTERNS, SERVICE LEARNERS & EVENT PARTICIPANTS

		Date:				
School/Organization	n/Company:_					
PLEASE PRINT CLEARLY	Y					
I have received and read the Sa	fety Rules and R	egulations	:		YES [
Return Builder:					YES	NO
Work Site: (PLEASE CHECK ONE)	Constructio	n Site 🗌	Office 🗌	Your Sch		Other
Last Name:		First N	Name:			
Birth Date:						
Street Address:				New Addre	ess: YES	NO
City, State, Zip:						
Home Phone:		E-Mai	l:			
Are you a Veteran? YES 🗌 NO	O IF YES, PLEAS	E LIST BRANCH	OF SERVICE:			
EMERGENCY CONTACT	ı					
NAME:						
RELATION:						
PHONE: (HOME, OR WORK)		E-MAI	L:			
THE FOLLOWING INFORMATION MAY BE NEE	DED BY ANY HOSPITAL (OR MEDICAL PR	ACTITIONER NOT I	HAVING ACCESS TO	O YOUR MEDIC	AL HISTORY
Allergies (MEDICINE, FOOD, ETC):						
Medications being taken:						
Date of last tetanus shot:						
Physical impairments:						

- 1. As consideration for being permitted by Homes4Families to participate in these activities and use their tools and facilities I hereby agree that I, my assignees, my heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of Homes4Families, or suppliers of any tools or equipment I will use in these activities, for injury or damage resulting from the negligence or other acts; howsoever caused, by any employee, agent, contractor, or other participant in the Homes4Families activities.
- 2. I hereby release Homes4Families from all actions, claims, and demands that I, my assignees, my heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Homes4Families activities.
- **3.** I hereby release and forever discharge Homes4Families from any claim whatsoever which arises or may hereafter arise on, account of any first aid, treatment, or participation in Homes4Families' construction.
- **4.** I understand that Homes4Families does not carry or maintain health or disability insurance coverage for any volunteer. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.
- 5. I expressively agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that this release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that if any clause or provision is ruled invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.
- **6.** I AM AWARE THAT CONSTRUCTION IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES OF CONSTRUCTION WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I HEREBY AGREE TO ACCEPT ANY AND All RISKS OF INJURY AND DEATH, AND VERIFY THIS STATEMENT BY PLACING MY SIGNATURE HERETO.
- 7. If there is any violation of this agreement and the Homes4Families is sued, or claim is made against Homes4Families, I agree to indemnify and hold harmless Homes4Families, its Board, its staff, and the others named in paragraph 2 and hold them harmless from any and all expense and liability. Such indemnity shall cover all reasonable expenses incurred by them, included but not limited to attorney fees.
- 8. Absolutely no smoking on site, drinking, illegal drug use, or being under the influence of any mood or ability altering substances whatsoever.

TERM OF AUTHORIZATION AND RELEASE

It is understood that as an intern or service learner the term of authorization and release will be for the full term of my internship and/or service learning assignment as documented and memorialized in my internship agreement.

AUTHORIZATION AND RELEASE

I hereby grant to HOMES4FAMILIES, it's legal representative successors, and assigns, irrevocable permission to take, and to copyright, in its own name or otherwise, and re-use, publish and republish photographic portraits, pictures or similar images, or likenesses (collectively, the "Pictures") of me, and my children, and/ or other minors, for which I am legally responsible, including, without limitation, any other Pictures in which I or they may be included, in whole or in part, composite or distorted in character or in form, without restriction to changes or alterations. Furthermore, I will hold harmless Homes4Families, its representatives, successors and assigns, from any liability arising from or connection with the aforementioned Pictures. I acknowledge that by providing my e-mail address I agree to be placed on the Homes4Families e-mailing list.

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE OR LIABILITY, AND RELEASE AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, AND HOMES4FAMILIES. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

/olunteer Name - (PLEASE PRINT)		(DATE)		
executed at		, California on:		
(CITY)		(DATE)		
affirm that I am more than 18 years of age and that nave read the foregoing authorization and release the		ct on my own behalf. I acknowledged that I		
	X			
	(VOLUNTEER SIGNATURE)			
Homes4Families volunteers must be 16 years of age iignature is mandatory for volunteers under 18 years		is utilizing power tools/equipment. Parental		
((PARENT/LEGAL GUARDIAN'S NAME - PLEASE PRINT)	X(PARENT/ LEGAL GUARDIAN'S SIGNAT	()URE) (PHONE NUMBER)		