



VOLUNTEER STATEMENT OF LIABILITY RELEASE

Please note: Before a volunteer can participate in any of RTNCF's programs, this form must be completed! Information provided on this form is kept confidential.

Name: _____ Phone: _____
Address: _____ Street Apt # City State Zip
Email: _____ Group name (if applicable): _____
In an Emergency, please contact:
Name _____ Relationship _____
Address _____ City, State, Zip _____
Day Phone _____ Second Phone _____

Rebuilding Together North Central Florida, Inc. (RTNCF) is a home repair and housing rehabilitation service. Volunteers participating in the activities of RTNCF will be expected to be involved in specific home repair, home building or other construction activities including, but not limited to: roofing, carpentry, dry walling, digging, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other facets of home repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills, as well as the use of hand tools. As part of construction rehabilitation projects, volunteers may come in contact with lead products, asbestos, mold, sewage, fiberglass, cleaning products and other hazardous materials. Participation as a volunteer and the foregoing activities may also require riding in RTNCF vehicles, climbing with and without construction supplies, working in high places such as on roofs and other facets of construction work. RTNCF volunteers may also participate in activities that are not construction related, but are considered activities of RTNCF such as trainings or social activities.

NOTE: Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. Volunteers will participate at their own risk and will not hold RTNCF liable for any harm or injury as a result of participation with RTNCF.

The Participant and/or the Guardian grant and convey to RTNCF all right, title, and interest in any and all photographic images and video or audio recordings made by RTNCF during the Participant's participation with the RTNCF.

Consent/permission is given for treatment by competent medical personnel as a result of any accident or medical emergency while involved in the activities of RTNCF. I understand that RTNCF does not carry medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills. RTNCF will not be held liable for any injury or accident as a result of my participation with any RTNCF activity.

I have read and understand the Liability Release Information. I certify that the above information is true and correct to the best of my knowledge and I am participating with Rebuilding Together NCF on my own free will. Please sign on the appropriate line below:

Participant/Volunteer Signature _____ Date _____

ONLY Volunteers UNDER 18 years of age: (parent or legal guardian must sign release form)
Printed name of Parent/Legal Guardian _____ Parent/Legal Guardian Signature _____ Date _____