

Volunteer's Agreement and Release from Liability

Helping Hands

2012

1. Voluntary Participation: I have applied to participate as a volunteer in the Helping Hands home repair project (the "Project"), in which the homes of low-income elderly homeowners will be repaired by volunteers. I understand that as a volunteer I will not be paid for my services, that I will not be covered by or eligible for any insurance coverage (if any) provided by Helping Hands, other Project volunteers or sponsors or Project homeowners, including but not limited to medical, property and liability insurance, and workers compensation benefits. I further agree that my participation in the project may be terminated at any time by Helping Hands or by me. This release covers my participation any day I work for Helping Hands.
2. Assumption of Risks: I AM AWARE THAT, BY PARTICIPATING IN THE PROJECT, I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH 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 RISKS, I AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY, AND I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:_____.
3. Release: In consideration of the opportunity afforded me to participate in the Project, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives, will not make any claim against Helping Hands or any of its affiliated organizations, or their officers, directors, employees, agents, or donors, or the suppliers of any materials or equipment that are used during the Project, any of the Project volunteers or sponsors, or any homeowner participating in the Project, for injury, death or damage resulting from the 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 to me or my death, or damage to my property, sustained in connection with my participation in the Project; provided, however, that the injury, death or damage was not caused by an act or omission of another person that was reckless, wanton, intentional, or grossly negligent. I further consent to the unrestricted use by Helping Hands and/or nay person authorized by it of any photographs, recording, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Project.
4. Knowing and Voluntary Execution: I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF AND HELPING HANDS AND A RELEASE OF LIABILITY, AND I 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 HELPING HANDS.

Executed at San Angelo, Texas Date _____

Team _____ House # _____

Names of Volunteer (please print) _____

Volunteer (signature) _____

Address (please print) _____

Cell # _____ Work # _____ Home # _____ Email: _____

Signature of parent or legal guardian if volunteer is not eighteen years of age or older

I certify that _____ (volunteer) acknowledged in my presence that h/she has read and fully understands the meaning and consequence of the foregoing AGREEMENT and signed it in my presence.

Name of witness (please print) _____

Signature of witness _____