



## YOUTH VOLUNTEER WAIVER & RELEASE FORM

Each youth volunteer must complete and sign, including parent/guardian consent, prior to volunteering.

Volunteer Name \_\_\_\_\_ Group Name (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_  
(street, city, state, zip)

We use your information solely to communicate HopeBUILDERS Home Repair, Inc. (hereafter referred to as "HopeBUILDERS.") opportunities. We do not share your information with anyone. If you wish to opt-out of receiving communications, please indicate here:  
Opt-out of email  Opt-out of mail

### VOLUNTEER ACKNOWLEDGEMENTS

I understand and acknowledge that I am:

- Between the age of 14 and 18 years. (Volunteers age 18 and older should sign the Volunteer Waiver and Release Form)
- Responsible for my safety and well-being, and will to the extent possible, help others be safe in performing their tasks.
- Responsible for my tools and property and will respect the property of others.
- Responsible for my medical care and expenses, should the need arise related to any HopeBUILDERS activity.
- Responsible for respecting the privacy of our clients by not sharing any information of clients without specific HopeBUILDERS approval to do so.

### HARASSMENT POLICY

HopeBUILDERS is committed to providing a working environment that is free from harassment. We will not tolerate harassment in any form. Employees, volunteers and board members associated with HopeBUILDERS who, knowingly or not, verbally or sexually harass anyone involved with the organization may be subject to disciplinary action up to and including termination and/or denied involvement in future activities.

### WAIVER OF LIABILITY

In light of the aims and purposes of service to others provided by HopeBUILDERS, I hereby waive any right of cause of action arising as a result of my participation from which any liability may or could accrue against the sponsors, or their officers collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property. I also acknowledge that HopeBUILDERS' Worker's Compensation insurance does not provide coverage for volunteers.

### VALIDITY & TERM

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where volunteer activities are performed. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

This Release shall remain valid and effective for all volunteer activities in which I am engaged unless revoked by providing written notice to HopeBUILDERS.

I have read and understand the release provisions above and do hereby agree to its terms and conditions.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Mobile  Home

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE:** I hereby grant and convey unto HopeBUILDERS Home Repair, Inc all right, title and interest in any and all photographic images and video or audio recordings made during volunteer activities with HopeBUILDERS Home Repair, Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I understand that these images or video may be used for HopeBUILDERS Home Repair, Inc. publications, reports or presentations.

Volunteer Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_