

REBUILDING TOGETHER, CHARLES COUNTY

Parental Permission Form - (Ages 14 - 17) please sign

In consideration of the opportunity afforded my child to assist on a voluntary basis in Rebuilding Together * Charles County, a project in which the homes of disabled and/or elderly persons will be repaired and/or improved by volunteers, and in light of the stated goals and purposes of community service to be provided by Rebuilding Together in organizing this project, I give my permission for my child, _____ to participate in the Rebuilding Together program; and I on behalf of my child and myself, waive any and all right or cause of action arising directly or indirectly from my child's participation in said project from which any liability may or could accrue against Rebuilding Together * Charles County, or its membership or officers and directors, collectively or individually. Without limiting the generality of the foregoing, I, on behalf of my child and myself, agree that this waiver shall include any rights or causes of action resulting from personal injury to my child or damage to my child's property sustained in connection with my child or damage to my child's property sustained in connection with my child's activities with the Rebuilding Together program.

I recognize that Rebuilding Together * Charles County assumes no liability for the training, supervision, and/or specific management of duties and tasks assumed by my child and that I have advised my child that he/she may elect not to perform any task or assignment requested of him/her at any time while servicing as a volunteer. I also understand that I am responsible for my child during the project and will remain on-sight with he/she until the project is completed or at a time that we deem appropriate to leave the project grounds.

I HAVE READ THE FOREGOING AND I AGREE WITH AND ACKNOWLEDGE ALL THE PROVISIONS CONTAINED HEREIN,

_____/_____/2018 _____
(Parent signature) (Date) (Parent name) **Please print**

() _____
(Phone) (Address) **Please print in full**
(City, State, Zip) _____

My child is covered by health insurance ___ Yes ___ No
(Please check- one)

Volunteer Liability Waiver Form (18 and over) please sign

In consideration of the opportunity afforded me to assist on a voluntary basis in Rebuilding Together * Charles County, Inc., a project in which the homes of disabled and/or elderly persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by the Rebuilding Together program in organizing this project, I _____, hereby waive any rights or causes of action arising as a result of my participation in said project from which any liability may or could accrue against Rebuilding Together * Charles County, Inc. or its officers and directors, 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 sustained in connection with my activities for the Rebuilding Together program.

I HAVE READ THE FOREGOING AND I AGREE WITH AND ACKNOWLEDGE ALL PROVISIONS CONTAINED HEREIN,

_____/_____/2018 _____
(Signature) (Date) (Name) **Please print**

() _____
(Phone) (Address) **Please print in full**
(City, State, Zip) _____

House Number: _____

House Captain: _____



Together We Transform