

Rebuilding Together Orlando

STATEMENT OF LIABILITY RELEASE

Please note:

Before a volunteer can participate in any of Rebuilding Together Orlando (*RTO*) programs, this form must be completed and given to the staff. **Your signature is needed on both pages of this release form.**

Information provided on this form is kept confidential.

VOLUNTEER INFORMATION

Name: _____ Phone: _____

Address: _____

Street	Apt #	City	State	Zip
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Email: _____

Volunteer group name (if applicable): _____

Rebuilding Together Orlando (RTO) is a home repair and housing rehabilitation service. Volunteers participating in the activities of *RTO* 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 *RTO* vehicles, climbing with and without construction supplies, working in high places such as on roofs and other facets of construction work. *RTO* volunteers may also participate in activities that are not construction related, but are considered activities of *RTO* 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 *RTO* liable for any harm or injury as a result of participation with *RTO*.

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

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 *RTO*. I understand that *RTO* 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. ***RTO* will not be held liable for any injury or accident as a result of my participation with any *RTO* activity.**

Initial Here: _____

MEDICAL INFORMATION

Emergency Medical Information:

Medical information on this form will only be used in the event that medical treatment is needed. It will not be used for any other purpose. All personal information is kept confidential.

Last 4 digits of SS# _____ Date of Birth _____

Date of last Tetanus shot (if unknown, please state) _____

Please list all medication(s) you are currently taking (prescribed & over-the-counter). **This is extremely important.**

Please list all medication(s) you CANNOT take.

Any allergies and/or special health problems or concerns _____

In an emergency, please contact:

Name _____ Relationship _____

Address _____ City, State, Zip _____

Day Phone _____ Second Phone _____

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 Orlando on my own free will.

Please sign on the appropriate line below:

Volunteers aged 18 years or older:

Printed name of participant _____ Signature _____ Date _____

Volunteers UNDER 18 years of age:

Printed name of participant _____ Printed name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____