1. **Voluntary Participation:** I acknowledge that I have voluntarily applied to participate in the Rebuilding Together Petaluma Program. I understand that as a volunteer I will not be paid for my services, and that I will not be covered by or eligible for any insurance coverage or benefits (if any) provided by Rebuilding Together Petaluma, other Program volunteers or Program sponsors or building owners, including but not limited to medical, property or liability insurance, or Workers’ Compensation benefits. I further agree that my participation in the Program may be terminated at any time by Rebuilding Together Petaluma or by me.

2. **ASSUMPTION OF RISK:** I am aware that, in participating in the program, 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 accept any and all risks of personal injury to me or my death or damage to my property, and I verify this statement by placing my initials here: ______________.

3. I agree not to consume any **alcoholic beverages or unlawful substances** while participating in the Rebuilding Together Petaluma Program. Finally, I acknowledge and agree that this provision is necessary to protect RTP’s reputation and community goodwill.

4. **Release:** In consideration of the opportunity afforded me to participate in the Program, I, my successors, assignees, heirs, guardians and legal representatives, release and discharge Rebuilding Together Petaluma and all of its affiliated organizations, and their officers, directors, and employees, and the suppliers of any materials and equipment that are used in the Program, any of the Program volunteers or sponsors, from any and all claims arising in connection with my participation in the Program. Without limiting the generality of the foregoing, I waive and release any and all 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 Program; provided, however, that the injury, death or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent.

5. **Indemnification:** In consideration of the opportunity afforded me to participate in the Program, I agree to indemnify, hold harmless, protect, and defend Rebuilding Together Petaluma from and against any and all liability, actions, causes of action, costs, and expenses arising in connection with any claim for injury, death, or property damage arising or resulting from or connected with my acts or negligence while participating in the Program.

6. **Authorization:** I further consent to the unrestricted use by Rebuilding Together Petaluma and/or any person authorized by them of any photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Program.

7. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this agreement and fully understand its contents. I am aware that this is a contract between me and Rebuilding Together Petaluma and a release of liability and promise not to sue Rebuilding Together Petaluma. I sign it of my own free will. I understand that I would not be allowed to participate in the program unless I signed this agreement. 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 Rebuilding Together Petaluma.

Executed on (date) _______________________, 2010

______________________________
(Signature) Volunteer

______________________________
Name of Volunteer (please print)

Signature of parent or legal guardian if volunteer is not eighteen years or older.
Medical Treatment Authorization

For Participating Minor

(Must be accompanied by Volunteer Agreement form signed by parent or guardian)

Name of Minor: ____________________________________________________________

I represent and warrant to Rebuilding Together Petaluma that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the Rebuilding Together Petaluma Home Repair Program (the “Program”). On behalf of such minor and myself, I have signed a Volunteer’s Agreement, Release and Indemnification (the “Volunteer’s Agreement”) and hereby agree to all of the terms and conditions of the Volunteer’s Agreement.

In case of medical or dental emergency, I request that Rebuilding Together Petaluma attempt to contact me at the telephone number set forth below. However, I give permission to the physician or dentist selected by Rebuilding Together Petaluma to hospitalize, treat, secure treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this treatment authorization may be accepted by and treated by any hospital, medical facility, physician or dentist as equivalent to the original treatment authorization.

_________  ____________________________  ( )
Date    Signature of Parent/Guardian    Telephone

PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carrier: ________________________________________________
   Policy Number: ___________________________________________________________

2. Family Doctor: __________________________________________________________
   Address: ________________________________________________________________
   Telephone: ( )

3. Family Dentist/Orthodontist: _____________________________________________
   Address: ________________________________________________________________
   Telephone: ( )

4. Any drug or food allergies: _______________________________________________
   __________________________________________________________

5. Limitation on activities: __________________________________________________
   __________________________________________________________

6. If I cannot be reached, please contact: _______________________________________
   Telephone: ( ) __________________________