TURN BACK THE BLOCK VOLUNTEER FORM (MINOR)

Please print all information:

Name of Parent/Guardian

Email Address

_____

Group Affiliation (if any)

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This release and waiver of liability is executed in favor of Turn Back The Block, Inc. (*hereinafter referred to as* TBTB), and its partner organizations, and their directors, officers, employees, and agents. The Volunteer desires to work as a volunteer for TBTB and engage in the activities related to being a volunteer.

The Volunteer does hereby freely, and without duress, execute this Release under the following terms:

1) **Waiver and Release** The Volunteer does hereby release and forever discharge and hold harmless TBTB and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from the Volunteer's work for TBTB. The Volunteer understands and acknowledges that this Release discharges TBTB from any liability or claim that the Volunteer may have against TBTB with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in TBTB home building program. The Volunteer also understands that, except as otherwise agreed to by TBTB in writing, TBTB does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2) **Medical Treatment** Except as otherwise agreed to by TBTB in writing, the Volunteer does hereby release and forever discharge TBTB from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's work for TBTB.
3) **Assumption of the Risk** The Volunteer understands that work for TBTB may include activities that may be hazardous to the Volunteer. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases TBTB from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for TBTB.
4) **Insurance** The Volunteer understands that, except as otherwise agreed to by TBTB in writing, TBTB does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
5) **Photographic Release** Volunteer does hereby grant and convey unto TBTB during the Volunteer's work at TBTB, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6) **Other** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year below:

Signature of Parent or Guardian _____
[Required if volunteer is a minor; Please fill out the Minor Emergency Consent Form on the Next Page.] *Date*

(Name of child) _____, a minor, has my permission to work with

TBTB, Inc. during the Harrisburg Clean & Green event on June 27, 2015

Consent to Emergency Treatment of a Minor

The undersigned parent or guardian of _____, a minor, does hereby authorize adult leaders of the group _____, or the staff of TBTB, as agents for the undersigned, to consent to any emergency care, including, but not limited to, examinations, x-rays, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees resulting from such an emergency.

I/we have reviewed and signed the Release & Waiver of Liability form included in this packet.

_____ _____

Signature, Parent or Guardian Date

VOLUNTEER EMERGENCY CONTACT & MEDICAL INFORMATION

IN CASE OF AN EMERGENCY, CONTACT:

Name: _____

Cell Phone: _____ Home Phone: _____

Work Phone (if applicable): _____

Alternate contact: _____ Phone:_____

MEDICAL INFORMATION:

Allergies (medicine, food, etc): _____

Date of last tetanus shot: _____

Medication being taken: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy number: _____

Please describe below any medical or physical condition that we should know about to assure that your stay with us is healthy and safe: