

MINOR'S VOLUNTEER REGISTRATION AND RELEASE

Print all information

Minor's Name: _____

Parent's Name: _____ Parent's Phone: _____

Address: _____

Parent will be present at the project with Minor on April 25, 2015: _____ (yes or no)

If parent will not be present at the project, please state contact person and medical information:

Emergency contact: _____ Phone #: _____

Medical Insurance Carrier: _____

Policy Number: _____

Family Doctor: _____

Address: _____

Phone: _____

I represent and warrant to **Rebuilding Together North Suburban Chicago** that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in **Rebuilding Together North Suburban Chicago** project. On behalf of such minor and myself, I hereby agree to all of the terms and conditions of the Release set forth below.

In case of medical or dental emergency, I request that **Rebuilding Together North Suburban Chicago** attempt to contact me at the telephone number set forth above. However, I hereby give permission to the physician or dentist selected by **Rebuilding Together North Suburban Chicago** to hospitalize, treat, secure proper treatment for, and order injection, anesthesia or surgery for the minor named above. A copy of the permission form may be accepted by and treated by the physician or dentist as equivalent to the original permission form.

Waiver and Release of Liability

In consideration of the opportunity afforded me and my minor named above to assist on a voluntary basis in the Rebuilding Together North Suburban Chicago home repair project, a project in which the homes of disadvantaged persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Rebuilding Together North Suburban Chicago in organizing this project, I hereby waive any right or cause of action arising as a result of his/her/my participation in said project from which any liability may or could accrue against Rebuilding Together North Suburban Chicago or its officers and directors collectively and 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 the above named minor or damage to my or my minor's property sustained in connection with my activities for this home repair project.

I also grant Rebuilding Together North Suburban Chicago permission to take still and moving photographs, including video pictures of the project and me and my minor to use such photographs to publicize, in any manner Rebuilding Together North Chicago deems appropriate, Rebuilding Together North Suburban Chicago's program.

Minor Signature: _____ Signed on (date): _____

Signature of Parent: _____ Signed on (date): _____