



## Safe & Healthy Home Improvement Program Volunteer Waiver of Liability & Permission for Use of Image

**Group/Conference Name:** International Roofing Expo      **Work Day:** Monday, February 3, 2020

### Waiver of Liability

In consideration of the opportunity afforded me to assist on a voluntary basis in the Rebuilding Together North Texas (RTN) Safe & Healthy Home Improvement Program (SHHIP) project, a project in which the homes of eligible homeowners will be repaired by volunteers, and in light of the aims and purposes of the community service provided by RTN in organizing this project, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against RTN 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 SHHIP project. I understand that I will be performing activities that could result in personal injury during my volunteer experience with the SHHIP project. I have reviewed the RTN Safety Manual and I will follow all instructions by RTN staff, House Captains and volunteer leaders so as to limit the risk of injury. If I have physical limitations, special needs or medical conditions that may impact my ability to volunteer, I have described them in full below. I understand that RTN may contact emergency services if I am injured, regardless of whether I believe emergency services are necessary for the treatment of my injury.

### Permission for Use of Image

I understand that RTN produces a variety of print and electronic promotional materials that are distributed to the public. I give permission for RTN to take my picture during the course of today's SHHIP project, and to use that image in RTN and partner agency promotional materials.

**Signature:** \_\_\_\_\_

**\*\*\*Please print clearly\*\*\***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Zip

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Physical limitations and/or medical conditions:**  
\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Vegetarian?:** Y / N

**Special Dietary Needs?** Y / N

**T-shirt Size:** \_\_\_\_\_

**Gender:** M / F

**Under age of 18?** Y / N

I would like to receive a monthly e-newsletter from RTN     Yes     No

I would like to receive information about future opportunities to volunteer with RTN     Yes     No