

Hearts and Hammers Home Repair Project

Date of Project: May 7th, 2016

For Volunteers under the age of 18

MINOR VOLUNTEER WAIVER *BRING WITH YOU ON THE WORKDAY*

In consideration of the opportunity afforded my/our child named below to assist on a voluntary basis in the Hearts & Hammers Home Repair Project, a project in which the homes of people in need will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Hearts & Hammers in organizing the project, I/we give permission for the below named child to participate in the Hearts & Hammers workday on May 7th, 2016 and waive, on behalf of said child, any right or cause of action arising out of, or connected to, my/our child's participation in said project from any liability that may or could accrue against Hearts & Hammers or its Board, collectively or individually, except as results from Hearts & Hammers' sole negligence. Without limiting the generality of the foregoing, I/we agree that this waiver shall include any rights or causes of action resulting from any personal injury to the below named child or any damage to said child's property sustained in connection with this child's activities for the Hearts & Hammers project.

No child under the age of 12 may participate in the program. Youth 12-15 may participate under supervision of a parent or assigned supervisor, named below. Youth 16-17 are permitted to participate on their own and will be supervised by adult volunteers of Hearts & Hammers. All minors must have a completed medical release form.

Signed this ____ day of _____, 2016.

Printed Name of Youth/Participant Signature(s) of Parent(s)/Guardian(s)

Fill in above for all youth under the age of 18

Printed Name of Adult Supervisor Signature of Adult Supervisor

Fill in above for all youth aged 12-15

MEDICAL RELEASE FORM

For All Volunteers under the age of 18

In the event of an emergency (injury, illness) while my child _____(name) is participating in Hearts and & Hammers, I give permission to seek medical care for him/her.

I can be reached at _____(phone). If I cannot be contacted, please call _____(emergency contact person) at _____(phone).

My child's doctor is _____(name) at _____(phone).

Signed this ____ day of _____, 2016.

Signature(s) of Parent(s)/Guardian(s)

Signature(s) of Parent(s)/Guardian(s)