HEARTS AND HAMMERS 2026 – MINOR VOLUNTEER WAIVER

I / We understand that Hearts & Hammers is an organization that organizes a workday in which the homes of people in need will be repaired by volunteers. In consideration of the opportunity afforded my/our child named below to assist on a voluntary basis in the Hearts and Hammers Home Repair Project, and in light of the aims and purposes of the community service provided by the Hearts & Hammers in organizing the project,

I / We give permission for the below named child to participate in the work day on May 2, 2026 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. Children 12-15 may participate under supervision of a parent or assigned supervisor, named below. Children 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 the _____ day of the month of _____, 2026

_____ _____

Printed name of minor participant *Signature of Parent / Guardian*

_____ _____

Printed name of adult supervisor Signature of Adult Supervisor For child age 12-15

CONSENT TO TREAT MINOR CHILDREN

I am the parent or legal guardian of _____,

who was born the _____ day of _____, and do hereby consent to any medical care including the administration of anesthesia if determined by a physician to be necessary for the welfare of my child while said child is participating in the South Whidbey Hearts and Hammers Workday and I am not reasonably available by telephone to give consent. This authorization is effective for the 2nd day of MAY, 2026

_____ _____

Signature of Parent or Legal Guardian Date

_____

Parent / Guardian Printed Name

This consent form should be taken with the child to the hospital or physician's office if the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address _____

Emergency Contact #1 & Phone # _____

Emergency Contact #2 & Phone #: _____

Last Tetanus Shot: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

_____ Child's

Physician: _____ Phone: _____ Insurance:

_____ Policy # _____