

WAIVER OF LIABILITY SITE NO: _____
Rebuilding Together Orange County
Home Repair Project

In consideration of the opportunity afforded me to assist on a voluntary unpaid basis in the Rebuilding Together Orange County, Home Repair Project, a project in which the homes of disadvantaged persons will be repaired by volunteers, I understand that I will not be covered by any medical or other insurance coverage provided by Rebuilding Together Orange County and that I will not be eligible for any Workers Compensation benefits. In light of the aims and purposes of the community service provided by Rebuilding Together Orange County in organizing this project, I HEREBY WAIVE ON BEHALF OF MYSELF, MY ASSIGNEES, HEIRS, LEGATES, AND SUCCESSORS, 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 REBUILDING TOGETHER ORANGE COUNTY, OR ANY OF ITS AFFILIATED ORGANIZATIONS, 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, INCLUDING POTENTIAL EXPOSURE TO LEAD-BASED PAINT AND/OR OTHER HARMFUL SUBSTANCES, OR DAMAGE TO MY PROPERTY SUSTAINED IN CONNECTION WITH MY ACTIVITIES FOR THE HOME REPAIR PROJECT. ALSO, I AM AWARE THAT, IN PARTICIPATING IN THE PROJECT, I MAY BE EXPOSED TO PERSONAL INJURY, OR EXPOSURE TO POTENTIALLY HARMFUL SUBSTANCES, OR DAMAGE TO MY PROPERTY AS A RESULT OF MY ACTIVITIES, THE ACTIVITIES OF OTHER VOLUNTEERS, OR THE CONDITIONS UNDER WHICH VOLUNTEER SERVICES ARE PERFORMED. WITH KNOWLEDGE OF THESE DANGERS, I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER OF RIGHTS AND CLAIMS AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS THEREOF, AND SIGN IT OF MY OWN FREE WILL. BY SIGNING THIS AGREEMENT I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE (OR OLDER) OR HAVE DELIVERED THE CONSENT OF MY PARENT OR GUARDIAN TO REBUILDING TOGETHER ORANGE COUNTY.

Name (please print)	Address	City, State, Zip
Telephone #	Email	Employer/group name

Witness

I certify that the above-listed individual acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

(Name) _____

(Date) _____