



## RELEASE

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## WAIVER of LIABILITY

This release and waiver of liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, (the "Volunteer") in favor of Fuller Center Disaster ReBuilders, Inc., its partner organizations including their directors, officers, employees, and agents, The Fuller Center for Housing (Americus, GA) and Mercy Chefs (Virginia Beach, VA), [collectively, "The Fuller Center"]. Volunteer desires to work as a volunteer for The Fuller Center and engage in the activities related to being a volunteer. Volunteer understands that the activities may include constructing and rehabilitating residential buildings, traveling to and from the work site location, working in The Fuller Center offices, and living in housing provided for Volunteers of The Fuller Center.

Volunteer does hereby freely, and without duress, execute this Release under the following terms:

**Waiver and Release** Volunteer does hereby release and forever discharge and hold harmless The Fuller Center and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for The Fuller Center. Volunteer understands and acknowledges that this Release discharges The Fuller Center from any liability or claim that Volunteer may have against The Fuller Center with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in The Fuller Center's home building program. Volunteer also understands that, except as otherwise agreed to by The Fuller Center in writing, The Fuller Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of his/her injury or illness.

**Medical Treatment** Except as otherwise agreed to by The Fuller Center in writing, Volunteer does hereby release and forever discharge The Fuller Center from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work for The Fuller Center.

**Assumption of the Risk** Volunteer understands that work for The Fuller Center may include activities that may be hazardous to Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, Volunteer recognizes and understands that activities at The Fuller Center may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases The Fuller Center from all liability for his/her injury, illness, or death resulting from the activities of Volunteer's work for The Fuller Center.

**Insurance** Volunteer understands that, except as otherwise agreed to by The Fuller Center in writing, The Fuller Center does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.

**Photographic Release** Volunteer does hereby grant and convey unto The Fuller Center during Volunteer's work at The Fuller Center, including, but not limited to, any royalties, proceeds, or

other benefits derived from such photographs or recordings.

**Consent to Use Electronic Signatures and Transmission of Documents** Volunteer consents to allow the use of an electronic signature and electronic transmission of this agreement. Volunteer agrees not to deny the legal effect or enforceability of this agreement solely because it is in electronic form or was transmitted electronically or because it is not in its original form as an original document.

**Volunteer Confidentiality** All volunteers are expected to show the highest regard for the privacy of each client and will strictly observe the confidentiality when working in their home and having accessing to any personal belongings, overhearing any personal conversations, and other information associated with a client. Confidentiality is essential to the sound relationship with our clients. Volunteer agrees not post full names and actual addresses on social media or other medium (first names and cities are allowed).

**Other** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the States of Georgia and Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

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

Parent or Guardian \_\_\_\_\_  
*[Required if volunteer is a minor]*

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Phone: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Witness: \_\_\_\_\_  
*(Required for all volunteers of any age)*

Church, Group or Team Name \_\_\_\_\_