****

**VOLUNTEER RELEASE AND WAIVER OF LIABILITY**

This is a Release and Waiver of Liability (the “**Release**”) executed on this date,10th day of May 2014, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “**Volunteer**”), and, if applicable, in conjunction with Neighborhood Rehab Project (NRP), of which signer belongs to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (church/organization if applicable) local church.

The Volunteer desires to work as a volunteer for Neighborhood Rehabilitation Project(NRP)œ engaging in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include continuous lifting, cleaning, sorting, painting, construction, general gardening, working with children, working in NRP of Golden office, and working at special events.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the terms below:

**1. Releases and Waiver**

Volunteer (on behalf of Volunteer, and Volunteer’s heirs, parents, spouse and assigns) does hereby release and forever discharge and hold harmless the Neighborhood Rehab Project from any and all actions, claims for relief, suits, liabilities, claims, and demands of whatever kind of nature, either in law or in equity, whether known or unknown, and whether fore seen or unforeseen, which arise or may hereafter arise from Volunteer’s Activities with The Neighborhood Rehab Project.

Volunteer agrees not to file any claim, charge, action or complaint concerning the subject matter covered by this release.

Volunteer understands that this Release discharges The Neighborhood Rehab Project from any liability or claim that the Volunteer may have against The NRP with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with The NRP, whether caused by the negligence of The NRP or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that The NRP 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 injury or illness.

It is the policy of The NRP that all children under the age of 18 must have a signed release by a parent or guardian. Children under the age of 16 must be under the direct supervision of a parent or guardian and not working with power tools of any kind.

**2. Medical Treatment**

Volunteer does hereby release and forever discharge The NRP from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with The NRP, or with the decision by any representative or agent of The NRP exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

**3. Assumption of Risk**

The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases The NRP from all liability for injury, illness, death or property damage resulting from the Activities.

**4. Insurance**

The Volunteer understands that, except as otherwise agreed to by The NRP in writing, The NRP does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**5. Photographic Release**

Volunteer does hereby grant and convey unto The NRP all right, title and interest in any and all photographic images and video or audio recordings made by The NRP during the Volunteer’s Activities with The NRP.

**6. Other**

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Colorado, and that this Release shall be governed by and interpreted in accordance with the laws of the state of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of 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.

By signing below, the Volunteer and, if applicable, the parent/guardian, has read this Release and understands all of its terms. Volunteer, and if applicable, the parent/guardian further acknowledges that this Release is executed voluntarily, and with full knowledge of the it’s legal significance. This Release has been executed as of the date first above written.

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

(Signature)

Children’s under the age of 16 full names working on-site with you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian** (for children under the age of 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**Complete Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Contact person in case of emergency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**