One House at a Time
RELEASE AND WAIVER OF LIABILITY

This release and Waiver of Liability (the "Release"), executed on this day by the volunteer named below (the "Volunteer") and One House at a Time, a nonprofit corporation ("OHAAT"), its directors, officers, employees, and agents.

The Volunteer desires to participate in OHAAT's volunteer program, and the activities related to the work. The Volunteer understands that the activities include transporting furniture and household items to families living throughout Philadelphia and the surrounding suburbs.

Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless OHAAT and its sucessors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in OHAAT's volunteer program. Volunteer understands that Release discharges OHAAT from any liability or claim that the Volunteer may have against OHAAT with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in OHAAT's volunteer program. Volunteer also understands the OHAAT 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.

Medical Treatment. Volunteer does hereby release and forever discharge OHAAT 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 participation in OHAAT's volunteer program or with the decision by any representative or agent of OHAAT to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Authorization for Treatment.

Assumption of the Risk. The Volunteer understands that OHAAT's volunteer program may include activities that may be hazardous to the Volunteer and that the food, accommodations, and medical facilities may be donated to OHAAT and beyond the control of OHAAT. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases OHAAT from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in OHAAT's volunteer program.

Insurance. Each OHAAT Volunteer is covered by an Excess Accidental Medical Program designed to provide coverage in the event of an accidental bodily injury. Volunteers are covered while they are participated in an OHAAT sponsored activity. This coverage will wrap around the volunteer's personal health insurance. If the Volunteer does not have any health insurance, then the policy becomes primary.

Photographic Release. Volunteer does hereby grant and convey unto OHAAT all right, title, and interest in any and all photographic images and video or audio recordings made by OHAAT during OHAAT's volunteer program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania, and that this release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. 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.

In witness whereof, Volunteer has executed this Release on: _____ _____
Date Witness

_____ _____
Volunteer Printed Name Parent/Guardian Printed Name *(if Volunteer is under 18)*

_____ _____
Volunteer Signature *(if Volunteer is 18 or older)* Signature of Parent /Guardain *(if Volunteer is under 18)*

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Email Address: _____ Can we add you to our mailing list? _____