

Second Chance Volunteer Release and Waiver of Liability

Please read carefully. This is a two-page legal document that affects your legal rights!

Please complete this form legibly and bring it with you the day of service, and *do not send/fax this form to the office.* Volunteers will not be allowed to work without a fully completed form. Please do not leave any lines blank. If appropriate, please indicate that your response is none or N/A, rather than leaving an item unanswered.

Volunteer's Name: _____ Date of Birth: _____

Name of Organization (if applicable): _____

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Home Address: _____

City, State, Zip _____

Email Address: _____

Have you volunteered with Second Chance Inc. before? (circle one) Yes No

In Event of Emergency, Contact:

Emergency Contact's Name: _____

Relationship: _____

Cell or Home Ph: _____ Work Ph: _____

Medical Information:

Physician Name: _____ Phone: _____

Location: _____ Date of Last Tetanus Shot: _____

Allergies, Medications or Special Conditions:

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20____, by _____, (the "Volunteer"), in favor of Second Chance Inc., a nonprofit corporation, their directors, officers, employees and agents (collectively, "Second Chance Inc."). The Volunteer desires to work for Second Chance Inc. and engage in the activities (the "Activities") related to being a volunteer. The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in Second Chance Inc.'s offices and its retail operations (warehouse). The Volunteer understands that this Release is valid for all occasions when the Volunteer is involved in activities related to Second Chance Inc..

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

Release and Waiver.

Volunteer does hereby release and forever discharge and hold harmless Second Chance Inc. and its successors 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 Activities with Second Chance Inc..

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

Volunteer also understands that Second Chance Inc. 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.

Medical Treatment.

Volunteer does hereby release and forever discharge Second Chance Inc. from any claim whatsoever that arises or may hereafter on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Second Chance Inc. or with the decision by any representative or agent of Second Chance Inc. to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in this release.

Assumption of Risk.

Volunteer understands that the Activities with Second Chance Inc. include work that may be hazardous (that is, can cause serious physical injury or death) to the Volunteer, including, but not limited to, construction, loading and unloading and transportation to and from the work sites and within our retail operation. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Second Chance Inc. from all liability including that for all injuries, illness, death, or property damage resulting from the Activities and/or Volunteer’s negligence. Volunteer also agrees to indemnify Second Chance Inc. for any injury they cause another.

Insurance.

Volunteer understands that, except as otherwise agreed to by Second Chance Inc. in writing, Second Chance Inc. 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.

Lead Paint & Asbestos.

Volunteer understands that vacant houses built before 1970 may contain lead paint and/or asbestos. Lead paint and asbestos have been shown to cause severe health problems, especially in children under six years of age. Children and women who are pregnant, nursing, or planning to become pregnant should avoid exposure to lead paint and asbestos.

Photographic Release.

Volunteer does hereby grant and convey unto Second Chance Inc. all rights, title and interest in any and all photographic images and video or audio recordings made by Second Chance Inc. during the Volunteer’s Activities with Second Chance Inc., 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 Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer agrees that if there is any dispute with Second Chance Inc., it will be resolved by binding arbitration in the State of Maryland, based upon the rules of the American Arbitration Association and Maryland law. 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 shall not otherwise affect the remaining provisions of this Release which shall continue to be enforced.

- All applications are used for Second Chance Inc. purposes ONLY.
- Volunteers are prohibited from being under the influence of any illegal substances in or around the building.
- Under no circumstances does SCI tolerate any form of sexual harassment or misconduct. It creates uncomfortable conditions and unpleasant experiences for everyone, and it’s illegal.
- Volunteers must be aware of where they are and what they are doing at all times. If any kind of unwarranted incident arises, please contact a Second Chance staff person or the volunteer coordinator immediately.
- While we have security measures in place, SCI is not responsible for personal items in or around the building, inclusive of our parking area. Each volunteer should safeguard all belongings.

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

Signature(s):

X _____ (Volunteer)

X _____ (SCI representative)

Print Volunteer’s Name: _____

Group Name (if applicable): _____