



## WAIVER AND RELEASE FOR MINORS

Name of Minor: \_\_\_\_\_ Date of Class: \_\_\_\_\_

I acknowledge that participation in classes delivered by Our United Villages/ReBuilding Center comes with risk. I understand that the above-named minor may have an opportunity to use many different types of tools, including but not limited to: power drills and drivers; powered saws such as table saws, chop saws, band saws, and circular saws; air tools including nail guns; hand tools such as hammers, chisels, glass cutters, wire cutters, and utility knives. The risks of participating in classes include but are not limited to: trips and falls, bruising, foreign objects in skin or eyes, hearing damage, electric shock, cuts, and other injuries including disability and the loss of limbs or life.

I, as parent or guardian of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge Our United Villages/ReBuilding Center and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in classes.

I understand that the above-named minor is required to adhere to the safety guidelines as described on the FAQ & Safety Guidelines web page ([www.rebuildingcenter.org/classes-faq-safety](http://www.rebuildingcenter.org/classes-faq-safety)), and also to follow verbal instructions given by instructors and teaching assistants. I understand that refusal to comply with safety guidelines may result in dismissal from the class, without refund.

I hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above-named minor has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none".):

\_\_\_\_\_

Adult's Name (Printed): \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Adult's Signature: \_\_\_\_\_

## IMAGE RELEASE

Agreement or refusal to the following does not affect ability to participate in the class.

- I understand that program activities of Our United Villages/Rebuilding Center may occasionally be photographed, videotaped, or audio taped for educational, publicity, or fundraising purposes. By checking this box, I give permission for my child to appear in videos, photographs, or audio recordings without compensation (e.g., as part of brochures, presentations, social media, or websites).