



Volunteer Waiver and Release for Minors

I understand that I will be working as a volunteer and will be participating at my own risk. I acknowledge that my participation is voluntary and does not constitute a condition or requirement of employment. I further acknowledge that Project Row Houses may include some construction and that the project site may be a potentially dangerous place. I attest that I am physically fit and prepared and able to do various tasks including painting, scraping, and prepping the houses.

I will not create an unsafe situation for other individuals or myself nor will I use any tool or engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state and local laws, as well as the rules and directions of the sponsors and coordinators. If I see any situation that I feel is unsafe, I will immediately call it to the attention of Project Row Houses staff or a safety coordinator.

On behalf of myself, as well as my heirs, executors, administrators and assigns, I hereby forever release, discharge, waive and agree to indemnify and hold harmless Project Row Houses and any additional sponsors of Project Row Houses, along with their respective officers, directors, agents, employees, contractors, successors and assigns, and any volunteers to whom I give my consent to provide medical treatment to me, from and against any and all claims, demands, actions, causes of action, obligations, liabilities, suits, losses, damages, costs, expenses, and fees, including, without limitation, court costs and attorneys' fees, of any and every nature of character, including, without limitation, for death, personal injury and/or loss of property, whether anticipated or unanticipated, directly or indirectly arising out of or connected in any way with my participation in the Project.

For inquires: India Lovejoy, ilovejoy@projectrowhouses.org, 713.526.7662

Minor Volunteer (under 18 yrs. of age)

Printed Name of Participant

Signature of Participant

Name of Guardian

Signature of Guardian

Signed on (Date)

Phone Number

Email Address

Address

City, State Zip

Volunteer Interests

Volunteer project/event (if applicable)