

Minor Volunteer Registration Form

Our House

Your Information

First Name	Last Name	Birth Date
Street Address	Apt #	City, State, Zip

Emergency Contact

Contact Name	Relationship	Contact Phone #
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RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

("Volunteer") enters into this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (this "Release") in favor of Our House Inc., an Arkansas nonprofit corporation doing business as Our House Inc., and its administrators, directors, officers, members, employees, agents and volunteers (collectively, "Our House Inc."). Volunteer desires to work as a volunteer for Our House Inc. and engage in the activities related to being a volunteer (the "Activities"). Volunteer understands that the Activities may include lifting, climbing, standing on platforms, use of tools, and related activities. Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE & WAIVER: Volunteer does hereby release, forever discharge, covenant not to sue, and hold harmless Our House Inc. and its successors and assigns from any and all liability, claims, or demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Activities with Our House Inc. Volunteer understands that this Release discharges Our House Inc. from any liability or claim that Volunteer may have against Our House Inc. with respect to any losses or damages, including without limitation any bodily injury, personal injury, illness, death or property damage, that may result from Volunteer's Activities with Our House Inc., whether caused or alleged to be caused, in whole or in part, by the negligence of Our House Inc. or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Our House 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 Our House Inc. 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 Our House Inc.

ASSUMPTION OF THE RISK: Volunteer hereby attests that his/her attendance and participation in the Activities is voluntary. Volunteer fully understands that the Activities involve unavoidable risks and dangers of serious bodily injury, including permanent disability, paralysis and death. Volunteer also understands that there may be other risks of social and/or economic losses that are not known to him/her and/or not readily foreseeable at this time. Volunteer

hereby expressly and specifically accepts and assumes all such risks and all responsibility for losses, costs, and damages that he/she may incur as a result of his/her participation in the Activities.

INSURANCE: Volunteer understands that, except as otherwise agreed to by Our House Inc. in writing, Our House Inc. does not carry or maintain health, medical, or disability insurance coverage for Volunteer.

EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO OBTAIN HIS/HER OWN MEDICAL OR HEALTH INSURANCE COVERAGE.

INDEMNITY AGREEMENT: Volunteer agrees to hold harmless and defend Our House Inc. with respect to any and all actions, claims or demands that may be made or brought against Our House Inc. arising from or in connection with his/her participation in the Activities, and agrees to compensate Our House Inc. for reasonable attorney's fees and expenses arising in connection therewith.

Volunteer hereby confirms, represents and warrants that he/she has never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor has he/she ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

OTHER: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Arkansas. All claims and disputes arising under or relating to any Volunteer Activity or this Agreement must be settled by binding arbitration in the state of Arkansas. Any and all fees, including attorneys' fees, related to any claims whatsoever by either party shall be paid by the Volunteer. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

By agreeing to this Release, Volunteer warrants that he/she has read and fully understands this Release and that he/she is fully familiar with its contents and terms. Volunteer agrees to this Release freely and without inducement or assurance of any nature.

VOLUNTEER UNDERSTANDS THAT HE/SHE IS GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE. VOLUNTEER INTENDS THIS RELEASE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

IN WITNESS WHEREOF, Volunteer is of legal mental capacity to act as his/her own representative in agreeing to this release.

Parent/Guardian Signature
(required if less than 18 years of age)

Date

Please Print Parent/Guardian Name