(This form is to be signed by parent(s) of participating young adults aged 14-17)

RebelsCare Project Day

Young Adults Waiver of Liability

RebelsCare, Inc. program, in which pre-selected homes will be repaired by volunteers, and in light of the aims and purposes of the community service provided by RebelsCare in organizing this project, I (we) hereby give my (our) permission for my (our) child to participate in the RebelsCare project, and I (we), on behalf of my (our) child and myself (ourselves), waive any right or cause of action arising as a result of my (our) child's participation in said project from which any liability mayor could accrue against RebelsCare or its officers, directors, agents, employees and/or volunteers, either collectively or individually.

I give RebelsCare, its staff, volunteers, and select news media permission to photograph and use pictures or videos of my child either alone or in groups for newsletters, annual reports, brochures, fund-raising activities, presentations (i.e. slide shows, transparencies, etc.), direct mail pieces, posters, flyers, donor recognition/thank you pieces, albums, on the R RebelsCare web site, or for use in public service campaigns (print and broadcast) in support of the RebelsCare program whose purpose is to generate funding, awareness, and publicity for the RebelsCare project.

In consideration of the opportunity afforded my (our) child to assist on a voluntary basis in the

Without limiting the generality of the foregoing, I (we) on behalf of my (our) child agree that this waiver shall include any rights or causes of action resulting from personal injury to my (our) child or damage to my (our) child's property sustained in connection with or as a result of my (our) child's activities for the *RebelsCare projects*.

Name of Minor:		Age of Minor:	
Signed this	day of	, 2017	
Signature of Parent(s)			
Print Information			
Parent name			
Email address			
Emergency contact phone	e number		
Teen email address			
Teen cell phone number			