



Registration Form

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

EMAIL _____

PHONE _____ CELL _____

GROUP NAME (if part of a group) _____

***Requirement-Emergency Contact Form and Release of Waiver Form (MUST) be filled out**

Fuller Center for Housing of NWLA
P.O. Box 3173 Shreveport, LA. 71133

DATES & TIME:

Morning/s Time: 8:00 am-12:00 pm

M__ T__ W__ T__ F__ S__

Total # of Day/s _____

Evening/s Time: 1:00 pm - 4:00 pm

Total # of Hour/s _____

M__ T__ W__ T__ F__ S__

Total Amt. Due \$ _____

For more information:

Call (318) 221-7474 or Email renee@fullercenternwla.org or info@fullercenternwla.org



RELEASE AND WAIVER OF LIABILITY FORM

This release and waiver of liability (the “Release”) executed on this _____ day of _____, 2010, by _____, (the “Volunteer”) in favor of The Fuller Center NWLA and its partner organizations, and their directors, officers, employees, and agents. The Volunteer desires to work as a volunteer for The Fuller Center NWLA and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings, working in The Fuller Center NWLA offices, and living in housing provided for Volunteers of The Fuller Center NWLA.

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

- 1. Waiver and Release** The Volunteer does hereby release and forever discharge and hold harmless The Fuller Center NWLA and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from the Volunteer’s work for The Fuller Center NWLA. The Volunteer understands and acknowledges that this Release discharges The Fuller Center NWLA from any liability or claim that the Volunteer may have against The Fuller Center NWLA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s participation in The Fuller Center NWLA home building program. The Volunteer also understands that, except as otherwise agreed to by The Fuller Center NWLA in writing, The Fuller Center NWLA 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.
- 2. Medical Treatment** Except as otherwise agreed to by The Fuller Center NWLA in writing, the Volunteer does hereby release and forever discharge The Fuller Center NWLA 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 work for The Fuller Center NWLA.
- 3. Assumption of the Risk** The Volunteer understands that work for The Fuller Center NWLA may include activities that may be hazardous to the Volunteer, including, but

not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, the Volunteer recognizes and understands, that activities at The Fuller Center NWLA may in some situations involve inherently dangerous activities.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases The Fuller Center NWLA from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for The Fuller Center NWLA.

4. **Insurance** The Volunteer understands that, except as otherwise agree to by The Fuller Center NWLA in writing, The Fuller Center NWLA does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
5. **Photographic Release** Volunteer does hereby grant and convey unto The Fuller Center NWLA during the Volunteer's work at The Fuller Center NWLA including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the States of _____, and that this Release shall be governed by and interpreted in accordance with the laws of the State of _____. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

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

Volunteer: _____

Parent or Guardian _____
[Required if volunteer is a minor]

Address: _____ H Phone: _____
City _____ State _____ Zip _____ W Phone: _____
Email: _____



The Fuller Center for Housing of Northwest LA, Inc.

EMERGENCY CONTACT AND MEDICAL INFORMATION

Name: _____

IN CASE OF AN EMERGENCY, CONTACT:

Name: _____ H Phone: _____

Address: _____ W Phone: _____

City _____ State _____ Zip _____ Cell Phone _____

Alternate Contact _____ Phone: _____

MEDICAL INFORMATION:

Allergies (medicine, food, etc): _____

Date of last tetanus shot: _____

Medication being taken: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy number: _____

Please describe below any medical or physical condition that we should know about to assure that your stay with us is healthy and safe:

DIETARY RESTRICTIONS: Those with special dietary restrictions may have to make their own dining arrangements, as we may not have the staff or supplies to accommodate their needs.