



WAIVER OF LIABILITY

Name of Class: _____ Date of Class: _____

I acknowledge that participation in classes delivered by Our United Villages/ReBuilding Center comes with risk. Depending on the class being taken, I understand that I may have an opportunity to use many different types of hand tools and/or power 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 understand that class instructors and teaching assistants will train all students to use safe practices and will monitor student usage when possible, but that I, once trained on safe usage of tools, may have the opportunity to use tools without direct supervision.

I agree to adhere to the safety guidelines as described on the FAQ & Safety Guidelines web page (www.rebuildingcenter.org/classes-faqs-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.

By my signature, I hereby agree, for myself, my heirs, assigns, executors, and administrators, to release and hold harmless Our United Villages/ReBuilding Center and all its officers, directors, employees, agents, volunteers, and class/workshop participants from all claims, demands and actions for injuries sustained to my person and/or property as a result of my participation. I hereby state that my involvement with Our United Villages/ReBuilding Center is voluntary; that I am participating at my own risk, and that I have read and agree to the foregoing terms and conditions of this release. I am aware that this is a release of liability and sign it of my own free will.

Student Name (printed): _____ Date of Signature: _____

Student 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 to appear in videos, photographs, or audio recordings, without compensation (e.g., as part of brochures, presentations, social media, or program websites).