GOOD WORKS, Inc. RELEASE and WAIVER OF LIABILITY

Volunteer Work Location: Coatesville West Chester Phoenixville St. Peters The undersigned ADULT has volunteered to work with Good Works, Inc., a nonprofit Pennsylvania Corporation ("Good Works"), to assist in the rehabilitation of substandard housing, making these homes warmer, safer and drier, in anticipation of increasing hope for the homeowners. Good Works is committed to the highest safety standards in all its endeavors. By the nature of construction work to make substandard housing warmer, safer and drier, risks, both foreseeable and unforeseeable, are involved. By signing this Release and Indemnification, the volunteer acknowledges that they understand this. Therefore, intending to be legally bound, the volunteer hereby agrees that on behalf of themselves and their heirs, successors and assigns: 1. To have reviewed the volunteer policies and procedures found in the Good Works Volunteer Handbook. 2. To assume the risk of injury and damage to personal property, resulting from the volunteer's association with Good Works. 3. To indemnify, defend and hold harmless Good Works and its officers, directors, employees, volunteers, agents and contractors and their successors and assigns from and against any and all claims, costs, damages and causes of action arising from any injury to the volunteer or damage to their personal property dhich occurs as a result of the volunteer's association with Good Works, even if the personal injury or property damage is caused by the negligence of others. 4. To irrevocably release, waive and forever discharge Good Works, its officers, directors, employees, volunteers, agents and contractors and their successors from and against any and all claims, costs, damages and causes of action asserted by any person or entity, and arising from any personal injury or property damage caused by the volunteer. This release and waiver of liability agreement is a requirement for participation in any Good Works project. The scope of this agreement is not limited by time or locat	
·	
Note: Good Works has a lia	ility insurance policy to protect itself and its staff/volunteers solely from claims by homeowners.
The Volunteer does	does not have medical and health insurance coverage.
	:)
Volunteer's Signature:	Date:
Please sign using digital sig	ature or print, sign and scan form prior to emailing back to Volunteer Coordinator
Home Address:	
	Zip Code:
Home Phone:	Mobile Phone:
Email Address:	
I would like to receive	ews about Good Works by email: Yes No

Thank you for being a Good Works Volunteer.

Church or Group _