



Making Homes  
Warmer, Safer, Drier, and Healthier  
since 2009

## Project Registration Form

In consideration for being permitted to participate in any way as a volunteer for Chesapeake Housing Mission ("ACTIVITY"), I hereby:

1. ACKNOWLEDGE, agree and represent that I understand the nature of these volunteer activities and that I am qualified to participate in such Activity. I acknowledge the contagious nature of COVID-19.
2. AGREE to wear the necessary safety equipment and use proper care when using tools associated with the Activity. I further acknowledge that the Activity may include construction tools, including both hand and power tools, which may be hazardous if not used properly. I FURTHER AGREE and warrant that, if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
3. CONSENT to allowing myself to be photographed (still and/or video) for use by Chesapeake Housing Mission, its agents, successors, and users of its services.
4. ACKNOWLEDGE, that a) ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY ("RISKS"); b) these risks might be caused by the presence of the COVID-19 coronavirus on the jobsite, by my own actions, or inactions, the actions or inactions of other participants in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee named below; and c) there are OTHER RISKS AND SOCIAL ECONOMIC LOSSES either not known to me or readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the activity.

I hereby REMISE, RELEASE AND FOREVER DISCHARGE, and by these presents for Releasor's heirs, executors and administrators, do hereby remise, release, and forever discharge Chesapeake Housing Mission ("Releasee") and its administrators, officers, directors, volunteers, staff, agents and employees; other participants; and any sponsors, advertisers and, owners and leasers of premises on which Activity takes place and Releasee's successors and assigns, of and from all and all manner of action and actions, cause and causes of actions, suits, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which against said Releasee the said Releasor ever had, now has, or which Releasor shall or may have in the future for, upon or by reason of the above referenced Activity. I voluntarily assume the risk and or liability that my family or I may be exposed to or infected by COVID- 19 by participating in CHM activities.

Date: \_\_\_\_\_ Team Name: \_\_\_\_\_

### **Participant**

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **Parent or Legal Guardian** – below section must be completed if participant is under age 18

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_