

Release & Waiver of Liability

PLEASE READ CAREFULLY! INITIAL AND SIGN APPROPRIATELY. This is a legal document. If you do not understand any of the words or language of this document, please ask the Construction Site Supervisor for clarification. ALL volunteers must sign the waiver before working. There are inherent safety issues involved with residential construction. We promote safe work habits through oversight by construction supervision; however, what is safe for one person under certain circumstances may not be safe for you under different circumstances. Do not conduct a work task unless you're certain that you can conduct the task safely. By completing this application, you are submitting to such inquiries.

I, hereby freely, voluntarily and without duress execute this Release under the following terms:

I, for myself and on behalf of my heirs, successors, and representatives, do hereby knowingly and voluntarily waive any and all claims against Sicora Cares and Sicora Inc. its officers, directors, employees, agents and volunteers for any bodily injury, personal injury, including death, illness, property damage, and/or economic and non-economic losses which I may suffer arising from the performance of construction and related activities for, on behalf of or in partnership with Sicora Cares and Sicora Inc..

I, the Volunteer, understand that my activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the worksites; and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I, the Volunteer, understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I release the Released Parties from all liability for harm and loss, cost, expense, injury, illness, death, or property damage resulting directly or indirectly for the Activities.

Insurance: Volunteer understands that, except as otherwise agreed to by Sicora in writing, Sicora does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own disability and health insurance coverage. The volunteer's disability and health insurance is primary to any coverage that may be obtained by Sicora.

Other: Volunteer expressly agrees that this release is intended to be as broad and inclusive and permitted by the State of Minnesota, and that this Release shall be held to be valid in any court of complete jurisdiction. The invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforced.

I, the Volunteer, represent that I am duly authorized to execute and deliver this waiver for myself and for the above-mentioned people. I understand the effect of this waiver and recognize my right to seek legal counsel before working on the job site.