



Cost Free
Program!

Waiver and Release for Rebuilding Together Dutchess County's "Home Safety" Program

Each homeowner participating in the "Home Safety" Program must sign the below waiver and release.

I affirm that I am the lawful owner of the home described below, and that I have the authority to participate in Rebuilding Together Dutchess County's "Home Safety" Program. By signing below, I hereby give my permission for Rebuilding Together Dutchess County to install a solar light, interior smoke detector, and/or carbon monoxide detector in my home.

I understand that Rebuilding Together Dutchess County and its employees, agents or volunteers are installing the exterior solar light fixture and/or the interior smoke and carbon monoxide detectors free of charge. In consideration of the work to be performed for my benefit, I agree to maintain the fixture by cleaning the light periodically in order to optimize its operation. I further agree to test the smoke and carbon monoxide detectors monthly to ensure its operation.

I understand that none of the work performed by any of the employees, agents or volunteers of Rebuilding Together Dutchess County is warranted or guaranteed, and I hereby waive any and all warranties. Furthermore, I understand that there is no guarantee that all of the scheduled work will be completed by Rebuilding Together Dutchess County or its employees, agents or volunteers. I also understand that I must be present during the scheduled installation time.

I am aware that Rebuilding Together Dutchess County's employees, agents or volunteers will be installing the solar light fixture, interior smoke detector and/or carbon monoxide detectors. I hereby authorize them to enter my property in order to complete the installation. In consideration of the work to be performed free of charge by Rebuilding Together Dutchess County and its volunteers, I agree to release and hold Rebuilding Together Dutchess County, its directors and officers, employees, agents, attorneys and volunteers harmless from any cause of action, claim or suit arising from, or in connection with, such work.

I further agree to accept the work performed in an "as is" condition, and I hereby irrevocably absolve, release and waive any and all liability, actions, claims or demands against Rebuilding Together Dutchess County, its directors and officers, employees, agents and volunteers for any losses sustained on the premises or as a result of, or in connection with, any work performed on my home, whether such work is intended or authorized. Without limiting the generality of the foregoing, I agree that this waiver and release shall include any and all manner of actions, suits, debts, accounts, direct and indirect damages, judgments, demands or causes of action whatsoever in law or equity, or otherwise, resulting from any loss, theft, personal injury or damage my home sustained in connection with any work performed by Rebuilding Together Dutchess County or its employees, agents or volunteers.

I do not object if (i) a photographer and/or videographer takes photographs and video of the volunteers, my home, my friends, family members or me while the work is being performed at my home or (ii) if those photographs, video or any reference to my home, my friends, family members or me are used in Rebuilding Together Dutchess County publicity materials.

I hereby authorize Rebuilding Together Dutchess County to check the validity of any personal information that I have provided to Rebuilding Together Dutchess County.

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Home Safety Program

Please mail to: PO Box 3695, Poughkeepsie, NY 12603 or FAX: (845) 454-7378
 If you have any questions, please call (845) 454-7310 or email info@RTDutchess.org

Homeowner Information (required)

Homeowner Name: _____

Homeowner Address: _____

Telephone Number: _____ Email: _____

Please circle which installation you are interested in: **Fire Safety** **Exterior Light** **Both**

Type of siding on home (i.e. vinyl, brick etc.) _____

Where would you like your solar light to be placed? _____

How long have you lived in your home? _____ Number of Bedrooms: _____ Number of Stories: _____

Annual Household Income – please check the total household income range in the appropriate column based on total number of individuals in the home.

<u>1 Person in Home</u>	<u>2 People in Home</u>	<u>3 People in Home</u>	<u>4 People in Home</u>
\$0 - \$18,800	\$0 - \$21,450	\$0 - \$24,150	\$0 - \$26,800
\$18,801 - \$31,300	\$21,451 - \$35,800	\$24,151 - \$40,250	\$26,801-\$44,700
\$31,301 - \$47,600	\$35,801 - \$54,400	\$40,251- \$61,200	\$44,701 - \$68,000
\$47,601+	\$54,401+	\$61,201+	\$68,001+

<u>5 People in Home</u>	<u>6 People in Home</u>	<u>7 People in Home</u>	<u>8 People in Home</u>
\$0 - \$28,950	\$0 - \$32,960	\$0 - \$37,140	\$0 - \$41,320
\$28,951 - \$48,300	\$32,961 -\$51,900	\$37,141 - \$55,450	\$41,321 – \$59,050
\$48,301 - \$73,450	\$51,901 - \$78,900	\$55,451 -\$84,350	\$59,051 - \$89,800
\$73,451+	\$78,901+	\$84,351+	\$89,801+

Demographic Information (optional)

Ethnicity (circle): African American/Black American Indian/Alaska Native Asian
 Hispanic/Latino Native Hawaiian/Pacific Islander White/Non-Hispanic Other

Total number of individuals in the home: _____

Number of individuals 65 or older: _____ Number of individuals 16 or younger: _____

Veteran: Yes No **Disabled:** Yes No
 If yes, who? _____ If yes, who? _____

How did you hear about Rebuilding Together? _____

Acceptance (required)

I have read the attached Waiver & Release for the RTDC "Home Safety" Program and fully understand its contents. I am authorized to sign this agreement for the home listed above, and I sign this agreement of my own free will.

Homeowner Authorized Signature: _____ Date: _____