FORM 1 — LIABILITY WAIVER, ASSUMPTION OF RISK, AND SITE ACCESS AGREEMENT

Must be signed before the trainee's first shadow day. [DRAFT — for review by legal counsel before use]

1. Activity

I am voluntarily participating as an observer ("Trainee") in the Everblue Pre-Apprenticeship QC Shadowing Program (the "Program"). I will accompany an Everblue Quality Control Technician on field inspections of completed residential energy installations under North Carolina's HOMES and HEAR rebate programs for the purpose of earning documented On-the-Job Training (OJT) hours.

2. Assumption of Risk

I understand that visiting active residential job sites involves inherent risks, including but not limited to: slips, trips, and falls; exposure to attics, crawlspaces, mechanical rooms, and uneven surfaces; contact with tools, equipment, insulation materials, and dust; travel to and from sites; and conditions inside occupied private homes. I knowingly and voluntarily assume all such risks.

3. Observer-Only Role and Safety Rules

I agree that during shadow days I will:

- Remain under the direct supervision of the assigned QC Technician at all times;
- Act as an observer only — I will not operate equipment, perform inspection tasks, or enter restricted areas (attics, crawlspaces, roofs) unless the QC Technician explicitly directs and supervises me;
- Wear closed-toe boots, long pants, and any personal protective equipment specified by the QC Technician;
- Follow all instructions from the QC Technician and all site, program, and homeowner rules;
- Not photograph residents or personal property, and not discuss inspection findings with homeowners or contractors.

I understand that failure to follow these rules may result in immediate removal from the site and from the Program.

4. Release and Waiver

In consideration of being permitted to participate, I, on behalf of myself, my heirs, and assigns, release, waive, and discharge Everblue, its officers, employees, agents, program partners, participating contractors, and property owners (the "Released Parties") from any and all claims, demands, or causes of action arising out of or related to my participation in the Program, including those arising from the ordinary negligence of the Released Parties, to the fullest extent permitted by North Carolina law. This release does not extend to gross negligence or willful misconduct.

5. Medical Treatment and Emergency Contact

I authorize the Released Parties to secure emergency medical treatment on my behalf if needed. I am responsible for any associated costs.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relevant Medical Conditions / Allergies (optional):

_____

6. Acknowledgment

I have read this agreement, understand it, and sign it voluntarily. I am at least 18 years of age, or my parent/guardian has signed below.

Trainee Name (print): _____

Trainee Signature: _____

Date: _____

Parent/Guardian Name & Signature (required if trainee is under 18):
_____

Program Coordinator Signature / Date Received:
_____