



Holt High School

44th Ct. NE
Tuscaloosa, AL 35404

BASIC RESIDENTIAL CARPENTRY PROGRAM

PRESENTED IN PARTNERSHIP BY
TUSCALOOSA BOARD OF EDUCATION &
ALABAMA HOME BUILDERS FOUNDATION

Program Specifics: Working through Holt High School, a FREE, eight-week course will be offered to adult learners needing basic knowledge and skills in the residential carpentry field. Beginning on Tuesday, September 21 and ending on Tuesday, November 16, the class will meet on Tuesday and Thursday evenings from 6:00 – 8:00 p.m.

Course Outline:

Week 1 – Basic construction tools; reading a tape measure; importance of safety

Week 2 – Basic construction site layout; reading blueprints

Week 3 – Floor framing, wall framing

Week 4 – Roof and ceiling framing; cutting rafters

Week 5 – Window and door installation; siding and exterior trim

Week 6 – Interior trim and finishes

Week 7 – Stairs

Week 8 – Finishing; wrap-up/making your certificate to work for you

Each class meeting would provide time for classroom instruction and hands-on time in the shop.

Expected Outcome: Students completing the course requirements will receive a certificate of completion from the Alabama Home Builders Foundation.

Class will be held at Holt High School in Tuscaloosa, Alabama.

There is a limit of 15 students per class. Note: the class must have ten registrants to run; in the case it does not fill up, students will be invited to attend a future class. Please fill out the registration form and sign the liability waiver. You can scan and email, send by mail, or fax.

Phone: 1-800-745-4222

Email: koryboling@hbaa.org

Fax: (334) 834-5380

Mail: AHBF, P.O. Box 241305, Montgomery, AL 36124-1305



**Carpentry Certificate Program
Fall 2021 Registration Form - Tuscaloosa**

REQUIRED INFORMATION:
(Please print legibly in ink.)

Name: _____ Best phone contact (include area code): _____

Address: _____ City/State/Zip _____

*Email: _____ ****This our primary way of communicating with you.***

Do you work for a member of Home Builders Association of Alabama? _____

If so, name of member: _____

Why do want to participate in this program?

If selected for this program, do you consent to have your contact information posted on the Foundation's job board, so you can be contacted for jobs? _____ YES _____ NO

Although the class is free, we do ask you to follow us on Facebook so that we can easily share information with you. <https://www.facebook.com/AlaHBFoundation/>

OPTIONAL INFORMATION: This is not required for attendance in the class, but it will help instructors plan activities that best meet the needs of those enrolled.

SEX: ___M ___F AGE: _____

WORK EXPERIENCE IN CONSTRUCTION FIELD: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

How did you hear about this program?

PLEASE NOTE: Pre-registration does not guarantee acceptance. Applicants will be notified of their status within one week of the start of class. If you are not selected for this session, future classes will be offered

**CARPENTRY CERTIFICATE PROGRAM
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this program.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the program in which I may participate, and that it will govern my actions and responsibilities at said program. In consideration of my application and permitting me to participate in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my disability, personal injury, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this program, THE FOLLOWING ENTITIES OR PERSONS: Alabama Home Builders Foundation, the Selma Board of Education, and/or their directors, officers, employees, volunteers, representatives, and agents, and the program holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of release or otherwise.

I acknowledge that the entities or persons listed above are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this program may involve a test of a person's physical and mental limits and carries with it the potential for serious injury.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed.

I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing below:

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL. I ALSO CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND ELIGIBLE TO PARTICIPATE.

Participant's Name *(Please print legibly)*.

Date

Participant's Signature

ASSUMPTION OF THE RISK and WAIVER OF LIABILITY
relating to CORONAVIRUS/COVID 19

The Alabama Home Builders Foundation (AHBF) have put in place preventative measures to attempt to reduce the spread of COVID-19; however, AHBF **cannot guarantee** that you, your guest(s), or your child(ren) will not become infected with COVID-19. **Attending AHBF events or programming could increase** you, your guest's, and your children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my guest(s), or my child(ren) may be exposed to or infected by COVID-19 by attending AHBF events and programming, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at AHBF events or programming may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the AHBF, AHBF employees, volunteers, and event participants.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my guest(s), or my child(ren), including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I, my guest(s), or my child(ren) may experience or incur in connection with attendance at or participation in the AHBF events or programming (collectively, "Claims"), and release and hold harmless the AHBF, its employees, agents, and representatives, as well as the Alabama Home Builders Foundation, their employees, agents and representatives, of and from the Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the AHBF, its employees, agents, and representatives, and of the Alabama Home Builders Foundation their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in AHBF events or programs.

Signature: _____

Date: _____

Name (Printed): _____