

Habitat for Humanity of Washington County

100 Charles Street, Hagerstown, Maryland 21740 • Phone: 301-791-9009 • Fax: 301-791-7701 • email: viviansuffecool@habitat-wc.org

Affiliate Volunteer Emergency / Medical Information Form

(PLEASE PRINT)

Volunteer Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT PERSON & NUMBERS

Name: _____ Phone # 1 _____

Phone # 2 _____

Name: _____ Phone # 1 _____

Phone # 2 _____

MEDICAL EMERGENCY INFORMATION

Do you have any significant medical history that possibly might require care while working on a Habitat project? (Diabetes, seizures, allergic reactions, etc.)

Do you have any allergies? Yes _____ No _____ If yes, what? _____

Do you carry medications that might be utilized during one of the above-mentioned Medical Emergencies?

Yes _____ No _____

If yes what? _____

Habitat for Humanity of Washington County

100 Charles Street, Hagerstown, Maryland 21740 • Phone: 301-791-9009 • Fax: 301-791-7701 • email: viviansuffecool@abitat-wc.org

Habitat for Humanity of Washington County Release and Waiver of Liability

PLEASE READ CAREFULLY

I, the Volunteer, desire to work as a volunteer with **Habitat for Humanity of Washington County (HFHWC)**, Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their employees and volunteers (the “Released Parties”) and engage in the activities related to being a volunteer (“Activities”). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReStore operations; consuming food available or provided; constructing and rehabilitating residential buildings; and other HFHWC events & activities.

Release and Waiver. I, the Volunteer, do hereby release and hold harmless the Released Parties from any and all liability, claims and demands which I may have or hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise from my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the “Guardians”) also hereby release the Released Parties from any claim whatsoever which arises or may hereafter arise from the decision by any representative of the Released Parties to exercise the power to consent to medical or dental treatment.

Assumption of the Risk. 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 work sites; 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 hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Photographic Release. I, the Volunteer, do hereby grant and convey unto the Released Parties all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Volunteer Activities, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

Habitat for Humanity of Washington County

100 Charles Street, Hagerstown, Maryland 21740 • Phone: 301-791-9009 • Fax: 301-791-7701 • email: viviansuffecool@habitat-wc.org

Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here.

Volunteer: Name (please print): _____

Signature: _____

It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent/Guardian: Name (please print): _____

Signature: _____

Parent/Guardian: Name (please print): _____

Signature: _____

IF APPLICABLE:

- School/Organization (no abbreviations please):**
