

of any of the Released Parties or of other volunteers.

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

of Liability (the "Releas	se") is executed on this $_$	day of	, 20,
, (the "Volunteer"), in favor of [insert nai	me of local affiliate	e], Habitat for
pplicable], and their re	espective directors, office	ers, trustees, employ	ees, volunteers
the "Released Parties").			
g a volunteer ("Activities vorking in Habitat for F rk sites, towns, cities or	s"). I understand that m Humanity offices or Habi countries; consuming fo	ny Activities may incl itat for Humanity Re ood available or provi	ude but are not Store operations; ded; living in
reely, voluntarily and v	vithout duress execute th	his Release under the	e following terms:
ir successors and assigr kin or legal representa	ns from any and all liabil tives may have or which	lity, claims and dema n may hereinafter acc	ands which I or crue with respect
	, (the "Volunteer" Inc., and any other Hale oplicable, and their reshe "Released Parties"). In work as a volunteer for a volunteer ("Activities working in Habitat for First sites, towns, cities or inteers; constructing and reely, voluntarily and we have the Volunteer, do here it successors and assign kin or legal representation.	, (the "Volunteer"), in favor of [insert nate Inc., and any other Habitat for Humanity affility oplicable], and their respective directors, office the "Released Parties"). In work as a volunteer for one or more of the Released volunteer ("Activities"). I understand that make the sites, towns, cities or countries; consuming for the entry of the release of the volunteers; constructing and rehabilitating resident the Volunteer, do hereby release and forever do it successors and assigns from any and all liabitation or legal representatives may have or which	of Liability (the "Release") is executed on this day of, (the "Volunteer"), in favor of [insert name of local affiliate Inc., and any other Habitat for Humanity affiliated organization, [insert name], and their respective directors, officers, trustees, employed the "Released Parties"). In work as a volunteer for one or more of the Released Parties and engate a volunteer ("Activities"). I understand that my Activities may included working in Habitat for Humanity offices or Habitat for Humanity Recall that the state of

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.

from or is in any way related to 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,

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.

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 and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any



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representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

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 also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties to not pay ransom or make any other payments to secure the release of hostages.

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.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

Photographic Release. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., 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 Activities with the Released Parties, 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.

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 with a witness.

Volunteer: Name (please print):	Signature:	_ Signature:	
Address:			
Phone: (H) (C)	E-mail: Date of Birth:		
Witness: Name (please print):	Signature:		



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Parent/Guardian: Name (nlease print):

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, all parents or guardians must complete the "Parental Authorization for Treatment of, and Travel With, a Minor Child" on the following page. 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.

Signature.

Tarena Guaranan. Ivame (piease prints).	Digitature.	
Address:		
Witness: Name (please print):	Signature:	
Parent/Guardian: Name (please print):	Signature:	
Address:		
Witness: Name (please print):	rint): Signature:	
EMERGENCY CONTACT INFORMATION		
Name:	_ Relationship:	
Address:		
Phone: (H) (C/W)	E-mail:	
IF APPLICABLE:		
☐ School/Organization (no abbreviations	please):	
☐ Host Affiliate Site:		



PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD

I,	, am the parent or legal guardian having custody of			
		legal guardian, I hereby authorize and		
	, an adult in whose care the minor child has been entrusted or a			
	for Humanity International, Inc., as r			
	n any way I could act in person to ma			
respect to my minor child,	, concerning my r	ninor child's personal care, medical		
treatment, hospitalization, and h	, concerning my realth care and to require, withhold or	withdraw any type of medical		
		cal or surgical diagnosis or treatment		
which may be rendered to my min	nor child under the general or special	supervision and on the advice of any		
physician or surgeon licensed to p	practice in the state in which treatmen	nt is sought. My agent shall have the		
same access to my minor child's n	nedical records that I have, including	the right to disclose the contents to		
others.				
Also, I hereby authorize a	nd appoint my agent to travel with m	y minor child to [<i>insert location</i>], and		
· ·		zation], and to help construct houses		
and participate in other activities	s on a voluntary basis, without compe	nsation.		
1) D	Witness:			
1) Parent or Guardian:	witness:	Date:		
2) Parent or Guardian:	Witness:	Date:		
,				
	OR TREATMENT OF, AND TRAVEL WITH,			
subscribed before me by	and , a minor child, this day	, the Parent(s) or Legal		
Guardian(s) of	, a minor child, this day	of,20		
Notary Public				
My commission expires:				