

## Release and Waiver of Liability for Minors PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Date Entered Office Use

La Crosse Area			
This Release and Waiver of Liability (the "Release") executed on this			
a minor child (the "Volunteer"), andvolunteer (the "Guardian"), in favor of Habitat for Humanity Internation	nal, Inc., a nonprofit corp	oration, and Habitat for	egal guardian of the Humanity-La Crosse Area,
Inc., a Wisconsin nonprofit corporation, their directors, officers, employ			
The Volunteer and Guardian desire that the Volunteer work as a volunt		_	
"Activities"). The Volunteer and the Guardian understand that the Activ		icting and renabilitating	residential buildings,
working in the Habitat offices, and living in housing provided for volunt	eers of Habitat.		
The Volunteer and Guardian do hereby freely, voluntarily, and without	duress execute this Relea	ase under the following	terms:
1. Release and Waiver. Volunteer and Guardian do hereby release and		•	
from any and all liability, claims, and demands of whatever kind or natu	_		_
Volunteer's Activities with Habitat. Volunteer and Guardian understand	l that this Release dischar	rges Habitat from any lia	ability or claim that the
Volunteer or Guardian may have against Habitat with respect to any bo			
result from Volunteer's Activities with Habitat, whether caused by the r			
otherwise. Volunteer and Guardian also understand that Habitat does n			provide financial assistance
or other assistance, including but not limited to medical, health, or disa It is the policy of Habitat that children under the age of 14 not be allow	·		uction in progress It is
further the policy of Habitat that, while children between the ages of			
hazardous activity such as using power tools, excavation, demolition of			
2. Medical Treatment. Volunteer and Guardian do hereby release and f	orever discharge Habitat	from any claim whatso	ever which arises or may
hereafter arise on account of any first aid, treatment, or service render	_	· ·	
decision by any representative or agent of Habitat to exercise the power	er to consent to medical o	or dental treatment as s	uch power may be granted
and authorized in the Parental Authorization for Treatment of a Minor	Child.		
3. Assumption of the Risk. The Volunteer and Guardian understand tha	t the Activities may inclu	de work that may be ha	zardous to the Volunteer,
including, but not limited to, construction, loading and unloading, and t			
specifically assumes the risk of injury or harm in the Activities and relea	ses Habitat from all liabil	ity for injury, illness, de	ath or property damage
resulting from the Activities.			
4. Insurance. The Volunteer understands that, except as otherwise agree		_	
medical, or disability insurance coverage for any Volunteer. Habitat doe			
insurance. This means that in the event that medical attention is sough Habitat's medical insurance would only pay as secondary coverage or in			
Volunteer is expected and encouraged to obtain his or her own medica		•	inculcal insulance. Each
		_	
5. Photographic Release. Volunteer does hereby grant and convey unto	-		
video or audio recordings made by Habitat during the Volunteer's Activ other benefits derived from such photographs or recordings. Volunteer		=	
likeness for the purpose of advertising, promotion, or any other purpos			
inchess for the purpose of davertising, promotion, or any other purpos	e riabitat acciris acsirabi	c, and waives any and a	in claims on them.
<b>6. Other.</b> Volunteer expressly agrees that this Release is intended to be			
and that this Release shall be governed by and interpreted in accordance			_
event that any clause or provision of this Release shall be held to be inv			
provision shall not otherwise affect the remaining provisions of this Rel the services performed by the Volunteer shall be considered to create t			_
By signing below, the Volunteer and, if applicable, the parent/guardian written.	has read, understood, ar	nd executed this Releas	e as of the date first above
Volunteer Name (Minor):	Signature:		
Parent/Guardian Signature:	Date:		
Mailing Address: City: _			
Phone Number: E	mail Address:		
Emergency Contact Name:	Relationship t	to you:	

Emergency Contact Phone: \_\_\_\_\_\_ Alternate Phone: \_\_\_\_