



Jefferson County Wisconsin Habitat for Humanity

734 Madison Avenue Fort Atkinson, WI 53538 #920-397-7362

VOLUNTEER AGREEMENT AND RELEASE

Please read carefully! This is a legal document that affects your legal rights!

Welcome – Jefferson County Wisconsin Habitat for Humanity, welcomes you to the construction work site. Habitat for Humanity is a not-for-profit corporation which could not accomplish its Christian housing ministry without the wonderful support it receives from you and hundreds of other volunteers. We thank you for that support and hope your experience in community service will be rewarding.

Be Careful -- Working on a construction site is a hazardous activity. We will try our best to provide a safe work site, but volunteers must assume the risk of injury or death which may arise out of the ordinary activities which take place here. Safety on the job site will depend on you. We will provide reasonable supervision and safety oversight, but you are expected to know and follow the basic rules of safety. These include not using power equipment, unless you are experienced or trained properly, wearing proper clothing and safety equipment, always being alert, and helping your fellow volunteers to know and follow safety rules. Be sure to talk to the site superintendent before proceeding to your work if you have any safety questions or concerns. We do not have emergency medical treatment available onsite, but will provide such first aid as may be available.

This Release and Waiver of Liability (the “Release”) is executed on this _____ day of _____, 20_____, by _____ (the Volunteer) in favor of Habitat for Humanity International, Inc., a non profit organization, and Habitat for Humanity of Jefferson County Wisconsin Inc., a nonprofit corporation, its directors, officers, employees, and agents (collectively, “Habitat”).

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include constructing and rehabilitating residential building, working in the Habitat offices, and living in housing provided for volunteers of Habitat. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Waiver and Release – Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with Habitat.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does 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 or illness.

Medical Treatment – Volunteer does hereby release and forever discharge Habitat

from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat.

Assumption Of Risk -- The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading, and unloading, and transportation to and from the work sites. The food, building materials, and tools may be donated to Habitat and beyond the control of Habitat.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance -The Volunteer understands that, except as otherwise agreed to by Habitat in writing; Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance policy.**

On construction site, Habitat for Humanity requires construction volunteers to attend a brief safety meeting every day upon arrival. This is required even if attended past safety meetings. I agree to abide by the Construction Safety Rules which I have read and understand that my personal safety is my own responsibility.

Photographic Release - Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings make by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other - Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Release shall be governed by the interpreted in accordance with the laws of the State of Wisconsin. Volunteer agrees that in the event that 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 provisions of this Release which shall continue to be enforceable. Volunteers will be checked to see if they are registered sex offenders under sec. 301.45 of the Wisconsin Statutes. JCWHFH retains the right to reject a volunteer if volunteer is currently required to register as a sex offender, if it is determined that the volunteer's conviction(s) materially conflict(s) with the mission of JCWHFH.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer _____ **Date** _____

Witness: _____ **Date** _____

PLEASE PRINT:

Name : _____ Telephone (Daytime and/or Cell number) _____

Address (Street, City, State, Zip): _____

Email address: _____

In case of emergency, please contact:

Name: _____ Relation _____

Phone (home, work, or cell) _____

Emergency Medical Information:

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history.

Allergies (medicine, food, etc) _____

Medication being taken: _____

Physical impairments: _____

Date of last tetanus shot: _____ Revised 7/31/08