

HABITAT FOR HUMANITY OF THE MID-WILLAMETTE VALLEY
VOLUNTEER WAIVER OF LIABILITY

In consideration of Habitat for Humanity of the Mid-Willamette Valley, an Oregon non-profit corporation, the individual undersigned volunteer agrees to the following:

RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT

The undersigned volunteer agrees to release Habitat for Humanity of the Mid-Willamette Valley from and against all claims, damages, losses and expenses arising out of the performance of any work done herein by the individual volunteer or their child under the supervision of the same volunteer. (Parent or guardian must sign for all persons under 18 years of age.)

The release of liability and indemnity includes any loss on account of bodily injury, illness or for property damages, including loss of use suffered by the individual volunteer while providing services coordinated by Habitat for Humanity of the Mid-Willamette Valley.

Such release of liability and indemnity includes any negligent act or omission by Habitat for Humanity of the Mid-Willamette Valley occasioned by such work performed.

The undersigned volunteer agrees to participate in publicizing and fundraising for Habitat for Humanity International and its ministry. The volunteer also agrees to allow the use of photographs and other likenesses in such publicity.

GENERAL SAFETY GUIDELINES TO BE FOLLOWED BY ALL VOLUNTEERS

1. Check in and out at designated location.
2. Remain at designated location until given a volunteer job assignment.
3. Assume supervision for own children under 18 years of age.
4. Wear eye protection when required.
5. If an unsafe situation is observed, take reasonable efforts to correct it and report it to the person in charge.
6. Report injuries immediately to the person in charge.
7. Use all equipment in a safe manner.
8. Assume responsibility for the security and safety of any tool, equipment or vehicle you use, or let others use, in order to support the affiliate.

NAME (PLEASE PRINT): _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

IN CASE OF EMERGENCY, CONTACT: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ WORK/CELL PHONE: _____

SECOND PERSON TO CONTACT: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ WORK/CELL PHONE: _____

FOR YOUTH VOLUNTEERS (OPTIONAL; PARENT/GUARDIAN INITIAL IF DESIRED):

_____ If my child needs medical treatment while participating with a Habitat for Humanity Restore project, I hereby give Habitat for Humanity Restore permission to consent to medical services for my child.

VOLUNTEER SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN NAME (PLEASE PRINT): _____