

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release"), executed on this _____ day of _____, 200__ by _____ (the "Volunteer") in favor of Wells Fargo Housing Foundation, a non-profit corporation, its directors, officers, team members and agents ("WFHF").

The Volunteer desires to participate and work in WFHF's home building program and the activities related to the work. The Volunteer understands that the activities may include building and rehabilitating residential buildings, being transported to and from work locations, and various other tasks necessary to help WFHF complete the building and rehabilitation of a residential building.

The Volunteer does hereby, voluntarily, and without duress execute this Release under the following terms:

- 1. Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless WFHF, 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 participation in WFHF's home building program.
Volunteer understands that this Release discharges WFHF from any liability or claim that the Volunteer may have against WFHF with respect to any bodily injury, personal injury, illness, death, property damage or any other damages that may result from Volunteer's participation in WFHF's home building program. Volunteer also understands that WFHF does not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance.
- 2. Medical Treatment.** Volunteer does hereby release and forever discharge WFHF 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 participation in WFHF's home building program.
- 3. Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases WFHF for all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in WFHF's home building program.
- 4. Insurance.** The Volunteer understands that WFHF does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.
Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
- 5. Photographic Release.** Volunteer does hereby grant and convey unto WFHF all right, title, and interest in any and all photographic images and video and audio recording made by WFHF during WFHF's home building program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of _____, and that this Release shall be governed by and interpreted in accordance with the laws of the State of _____. 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.

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

Volunteer (please print name): _____ **signature below must be parent/guardian if volunteer under the age of 18

Address: _____ City: _____ State: _____ ZIP: _____

Phone (home): _____ Phone (work): _____ Phone (other): _____

Signature: _____ Witness: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone (home): _____ Phone (work): _____ Phone (other): _____

THIS SECTION FOR WELLS FARGO TEAM MEMBERS (EMPLOYEES) ONLY

Please complete the following information so that the Wells Fargo Housing Foundation may accurately assess team member involvement in the community. Thank you.

Employee # : _____ Today's date: _____ Total days worked: _____ Total hours worked: _____

Email address: _____ ☐ Exempt ☐ Non-exempt