



SITE SPECIFIC VOLUNTEER LIABILITY FORM

LOCATION (Volunteer activity executed at): _____

DATE: _____

Last Name: _____ **First Name:** _____ **DOB:** _____

In case of emergency, please contact:

NAME: _____

RELATIONSHIP: _____

PHONE: (home) _____ (work) _____

HEALTH INFORMATION

In case of an emergency the following information may be needed by hospital or medical practitioner:

Date of last tetanus shot if known: _____

Allergies: _____


Please include information you think an emergency medical person should have:

Health Insurance Coverage:

Company: _____

Policy Number: _____ Emergency Phone: _____

ASSUMPTION OF RISK AND RELEASE FROM RESPONSIBILITY AGREEMENT

1. I acknowledge that I have voluntarily applied to Habitat for Humanity of Orange County ("Habitat for Humanity") to participate in construction and other activities at various locations in Orange County.
2. As consideration for being permitted by Habitat for Humanity to participate in these activities and use their tools and facilities, I hereby agree that I, my assignees, my heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of Habitat for Humanity, or the suppliers of any of the tools or equipment I will use in these activities, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, contractor of or other participant in Habitat for Humanity activities.
3. I hereby release Habitat for Humanity from all actions, claims, or demands that I, my assignees, my heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Habitat for Humanity activities.
4. I hereby release and forever discharge Habitat for Humanity from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or participation in Habitat's construction.
5. I understand that Habitat for Humanity does not carry or maintain health or disability insurance coverage for any volunteer. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.
6. I hereby expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I hereby agree that in the event that any clause in this agreement is made invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release and said provisions shall continue to be enforceable.
7. **I AM AWARE THAT CONSTRUCTION IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES OF CONSTRUCTION WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:**  _____

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND RELEASE AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND HABITAT FOR HUMANITY. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

 **Participant Signature:** _____

* * * * *

Habitat volunteers must be 16 years of age or older when the construction site is utilizing power tools/equipment. Parental signature is mandatory for volunteers under 18 years old.

(Parent/Legal Guardian's Name- PLEASE PRINT)

(Parent/Legal Guardian's Signature)