

Hours worked: \_\_\_\_\_

**ASSUMPTION OF RISK, RELEASE FROM  
LIABILITY AND AGREEMENT  
FOR VOLUNTEERS, INTERNS, SERVICE LEARNERS &  
EVENT PARTICIPANTS**

Date: \_\_\_\_\_

**School/Organization/Company:** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**I have received and read the Safety Rules and Regulations:** YES NO

Return Builder: YES NO

Work Site: (Please circle one) Construction Site Office Your School Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date:  Grade: (Student only) \_\_\_\_\_

Street Address: \_\_\_\_\_ New Address: YES NO

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you a Veteran? YES NO If yes, please list branch of service: \_\_\_\_\_

Conflict Served: (Iraq, Korea, Vietnam, WWII, etc) \_\_\_\_\_

Related Construction Experience: \_\_\_\_\_

Do you work in the construction industry? YES NO If yes, is it veteran-owned? YES NO

Do you know of any other veteran-owned construction businesses? YES NO

If yes, please list: \_\_\_\_\_

**In case of emergency, please contact:**

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

PHONE: (Home, or Work) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

The following information may be needed by any hospital or medical practitioner not having access to your medical history:

Allergies (medicine, food, etc): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

**Health Insurance Coverage:**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

1. 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 suppliers of any 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, or other participant in the Habitat for Humanity activities.
2. I hereby release Habitat for Humanity from all actions, claims, and 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.
3. 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.
4. I understand that Habitat for Humanity does not carry or maintain health or disability insurance coverage for any volunteer. EACH VOLUTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.
5. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that this release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that if any clause or provision is ruled invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.
6. **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 AND DEATH, AND VERIFY THIS STATEMENT BY PLACING MY SIGNATURE HERETO.**
7. If there is any violation of this agreement and the Habitat for Humanity is sued, or claim is made against Habitat for Humanity, I agree to indemnify and hold harmless Habitat for Humanity, its Board, its staff, and the others named in paragraph 2 and hold them harmless from any and all expense and liability. Such indemnity shall cover all reasonable expenses incurred by them, included but not limited to attorney fees.
8. Absolutely no smoking on site, drinking, illegal drug use, or being under the influence of any mood or ability altering substances whatsoever.

#### **TERM OF AUTHORIZATION AND RELEASE.**

It is understood that as an intern or service learner the term of authorization and release will be for the full term of my internship and/or service learning assignment as documented and memorialized in my internship agreement.

#### **AUTHORIZATION AND RELEASE**

I hereby grant to HABITAT FOR HUMANITY of San Fernando/ Santa Clarita Valleys (H.F.H SF/ SCV), it's legal representative successors, and assigns, irrevocable permission to take, and to copyright, in its own name or otherwise, and re-use, publish and republish photographic portraits, pictures or similar images, or likenesses (collectively, the "Pictures") of me, and my children, and/ or other minors, for which I am legally responsible, including , without limitation, any other Pictures in which I or they may be included, in whole or in part , composite or distorted in character or in form, without restriction to changes or alterations. Furthermore, I will hold harmless HFH SF/SCV, its representatives, successors and assigns, from any liability arising from or connection with the aforementioned Pictures. I acknowledge that by providing my e-mail address I agree to be placed on the HFH SF/SCV e-mailing list.

**I HAVE CAREFULLY READ THIS AUSSUMPTION OF RISK, RELEASE OR 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 OF SF/SCV. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WLL.**

\_\_\_\_\_  
(Volunteer Name - PLEASE PRINT)

\_\_\_\_\_  
(Date)

Executed at \_\_\_\_\_, California on: \_\_\_\_\_  
(City) (Date)

I affirm that I am more than 18 years of age and that I am competent to sign this contract on my own behalf. I acknowledged that I have read the foregoing authorization and release that I full y understand its contents.

X\_\_\_\_\_  
(Volunteer 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.

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

X\_\_\_\_\_  
(Parent/ Legal Guardian's Signature)

( )\_\_\_\_\_  
(Phone Number)