



Waiver No. \_\_\_\_\_

For Office Use Only

Job Site: \_\_\_\_\_

Project Sponsor(s): \_\_\_\_\_

### Waiver of Liability for an Adult (18 yrs and older)

This release MUST be completed, signed and turned in on or before the day you work with Wichita Habitat for Humanity, Inc. at the construction site, warehouse, ReStore, office complex, or an event. Once you have returned this waiver, it will be kept on file at the Wichita Habitat for Humanity, Inc. office for one year from date of signature.

**It is important that you fill the form out completely and understand what you are signing.**

***PLEASE PRINT LEGIBLY OR TYPE***

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Circle: Male / Female

Emergency Contact Name: \_\_\_\_\_ Emergency Phone No.( \_\_\_\_\_ ) \_\_\_\_\_

Medical Information (allergies, etc.): \_\_\_\_\_

I, the undersigned, do hereby for myself and all who may hereafter claim through or for me, waive and release Wichita Habitat for Humanity, Inc. from all claims, rights and causes of action accruing in my favor as a result of bodily injury, personal injury, illness, loss of life, or property damage against Wichita Habitat for Humanity, Inc., Project Sponsors, and their representatives while participating in the activities related to volunteering with Wichita Habitat for Humanity, Inc whether caused by the negligence of Habitat or otherwise. I understand normal risk associated with the activity described above and that work may be hazardous, but not limited to, construction, loading and unloading, and transportation to and from the work sites. I agree to follow the safety rules. I further agree that no suit or action at law shall be instituted for the above reasons, by others or me, in my behalf. I, the undersigned, hereby release and forever discharge Wichita Habitat for Humanity, Inc., and the Project Sponsor 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 these organizations.

I understand that, except as otherwise agreed to by Wichita Habitat for Humanity, Inc. in writing, Wichita Habitat for Humanity, Inc do 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 coverage.

I hereby agree and consent to allow Wichita Habitat for Humanity, Inc. to photograph or videotape the above-named person for publicity purposes by Wichita Habitat for Humanity, Inc and I waive all claims for any compensation for such use or for damages.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Kansas. I agree 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.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Wichita Habitat for Humanity, Inc. \* PO Box 114 \* Wichita KS 67201-0114  
Telephone: (316) 269-0755 Fax: (316) 264-1108**

## General Volunteer Information

While the waiver of liability is required in order for you to join our projects, the information shared on this page is completely at your discretion. This information will help us with future plans and allow us to contact you with additional volunteer opportunities. The information will stay within the Habitat office and will not be shared with any other non-profit organizations.

### ***Please Print Legibly***

May we call you in the future with other Habitat volunteer opportunities? \_\_\_\_\_

*If yes, please continue with the rest of this form*

Name: \_\_\_\_\_

Would you prefer us contact you by:     Phone    or     Email

If you came with a particular organization to volunteer today, please give me the name of the organization: \_\_\_\_\_

Generally, what times might you be available to volunteer for Habitat? Mark all that are applicable.

- |                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Evenings  | <input type="checkbox"/> Mornings         | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Saturdays | <input type="checkbox"/> All of the Above |                                     |

I would like to be notified when the need for volunteers is in the area of:

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Office Work | <input type="checkbox"/> Committees  |
| <input type="checkbox"/> Site Coaching | <input type="checkbox"/> ReStore     | <input type="checkbox"/> Hospitality |

Do you have special talents, skills, abilities or interests that you would be willing to share with Wichita Habitat (i.e. data entry, entertainment, construction skills, desktop publishing etc) \_\_\_\_\_

Please share with us the name any individuals or organizations of which you are part that might have an interest in being involved with Habitat either through financial support or volunteering? \_\_\_\_\_

With which church are you affiliated? \_\_\_\_\_

Would you like to learn more about Wichita Habitat for Humanity? \_\_\_\_\_