PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this ___ day of __________ (month),
_____ (year), by ________________________, a minor child (the "Volunteer"), and ______________________
the parent having legal custody and/or the legal guardian of the Volunteer (the "Guardian"), in favor of Habitat for
Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of Frederick County, MD, a nonprofit
corporation, their trustees, directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities
related to being a volunteer. The Volunteer and the Guardian understand that the work may include constructing
and rehabilitating residential buildings and living in housing provided for volunteers of Habitat.

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

1. Waivers and Release. Volunteer and Guardian do hereby release and forever discharge and hold harmless
Habitat and 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 work with Habitat.

Volunteer and Guardian understand that this Release discharges Habitat from any liability or claim that the
Volunteer or Guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death, or
property damage that may result from Volunteer's work with Habitat, whether caused by the negligence of Habitat or
its officers, directors, employees, agents or otherwise. Volunteer and Guardian also understand that Habitat does
not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not
limited to medical, health, or disability insurance in the event of injury or illness.

It is the policy of Habitat that children under the age of 14 not are allowed on a Habitat worksite while there
is construction in progress. It is further the policy of Habitat that, while children between the ages of 16
and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power
tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

2. Medical Treatment. Volunteer and Guardian do hereby release and forever discharge Habitat 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 work with Habitat or with the decision by any representative or agent of Habitat to
exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the
Parental Authorization for Treatment of a Minor Child.

3. Assumption of the Risk. The Volunteer and Guardian understand that the work for Habitat may include
activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading,
and transportation to and from the work sites. Volunteer and Guardian also understand that, in order to protect its
employees and volunteers in all countries around the world, it is Habitat's policy that it will not pay ransom or make
any other payments in order to secure the release of hostages. Volunteer and Guardian hereby expressly and
specifically assume the risk of injury or harm in these activities and release Habitat from all liability for injury, illness,
death, or property damage resulting from the activities of the Volunteer's work for Habitat.
4. **Insurance.** The Volunteer and Guardian understand that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

5. **Photographic Release.** Volunteer and Guardian do hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer’s work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer and Guardian 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.

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

Witness:  
_____________________________________________  
_____________________________________________  
Witness:  
_____________________________________________

Volunteer:  
_____________________________________________

Parent or Guardian:  
_____________________________________________

Address:________________________________________

Phone: (H)_____________________________________

(W)___________________________________________

(C)___________________________________________
PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD

I, ___________________________, am the parent or legal guardian having custody of _____________________, a minor child. As such parent or legal guardian, I hereby authorize and appoint a Habitat for Humanity representative in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child, _____________________, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____________________, concerning my minor child’s personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child’s medical records that I have, including the right to disclose the contents to others.

Witness:       Parent or Guardian:
_________________________     ______________________________

This PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD sworn to and subscribed before me by ____________________________, the Parent or Legal Guardian of _____________________, a minor child, this ____ day of _________________(month), ______(year).

______________________________    My commission expires:
Notary Public

In case of emergency, please contact:
Name:________________________________________ Relation:______________________
Address:____________________________________________________________________
Phone: (home)____________________________ (work)______________________________

Any hospital or medical practitioner not having access to the Volunteer’s medical history may need the following information:

Allergies (Medicine, food, etc.):______________________________________________________________
Medication being taken:_______________________________________________________________
Date of last tetanus shot:______________________________________________________________
Physical Impairments:____________________________________________________________________
Personal Physician’s Name:______________________________________________________________
Address:______________________________________________________________________________
Phone:_____________________________________
Your Health Insurance Company:___________________________________________________________
Policy Number:_______________________________     Phone Number:______________________________