
Release of All Claims and Assumption of Risk from Liability

1. I, (name) _____, of (address) _____,
(city) _____, (state) _____ (zip) _____, acknowledge that I have voluntarily applied to Habitat for Humanity, Inc., and Habitat for Humanity, San Bernardino Area, Inc., to participate in construction and activities including working in the Habitat offices, using facilities provided for volunteers and transportation to, from, and during various activities.
2. 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 myself. I hereby agree to accept any and all risks of my participation, including all risk of personal injury or death.
I verify this statement by placing my initials here: _____
3. As consideration for being permitted by Habitat for Humanity, Inc. and any of its affiliated organizations 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, Inc. or any of its affiliated organizations' members, agents, employees, officers and directors; the owners and lessees of the premises and the construction sites and the suppliers of any equipment and tools; for the negligence or other acts, including medical aid and treatment, howsoever caused, by any employee, agent, contractor or other participant in Habitat for Humanity, Inc. activities. I hereby release Habitat for Humanity, Inc. and all its affiliated organizations and its members, agents, employees, officers, and directors from all liability for any loss or damage and 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, Inc. activities.
4. I agree to indemnify Habitat for Humanity, Inc. and all its affiliated organizations, members, agents, employees, officers, and directors from any loss, liability, damage of cost they might incur due to my presence in or on the premises and construction sites, whether cause by negligence of Habitat for Humanity, Inc., its affiliated organizations, or otherwise.
5. This release extends to all claims for injuries damages, or losses, whether known or unknown. By placing my initials here: _____ I certify that I have read the following statement of the California Civil code, section 1542:
"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."
I hereby waive application of California Civil Code, Section 1542 and acknowledge that this means that if I should suffer injuries, damages or losses arising out of the events described above but of which I am not currently aware and of which if known would materially affect my decision to execute this release. I will not be able to make any claim for those injuries, damages, or losses.
6. I understand that, except as otherwise agreed to by Habitat for Humanity, Inc., in writing, neither Habitat for Humanity, Inc., nor its affiliates, members, agents, employees, officers, and directors, 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.

7. I hereby grant and convey unto Habitat for Humanity, Inc., and its affiliates, members, agents, employees, officers, and directors, all rights, title, and interest in any and all photographic images and video or audio recordings made by Habitat for Humanity, Inc., during my work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
8. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by laws of the State of California. If any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
9. I warrant that I have carefully read this release of liability and assumption of risk agreement, and I fully understand its contents. I had the opportunity to consult with my attorney, expert and other sources in order that I might intelligently exercise my own judgment in deciding whether to evaluate, and in deciding on the contents of, a release. I further declare and warrant that my decisions were not predicated on or influenced by any declarations or representations of Habitat for Humanity, Inc., its affiliates, agents, employees, officers, or directors.
10. I am aware that this is a release of liability and a contract between myself and Habitat for Humanity, Inc. and all of its affiliated organizations, members, agents, employees, officers and directors. I am signing this document of my own free will.

Executed at (city) _____, California, on (date) _____

(signature) _____ (tel. number) _____

Declaration of witness: I certify that the person who signed above acknowledged in my presence that he/she had read and fully understood the meaning and the consequences of the foregoing assumption of risk, release of liability and agreement, and signed it in my presence.

(signature of witness) _____

Emergency Medical Information

Are you taking any prescription medications of which emergency personnel or we should be aware?

Yes No

If yes, please provide the name of the medication(s).

Do you have any allergies of which emergency personnel or we should be aware? (i.e. beestings, latex, medications)

Yes No

If yes, please detail the allergy(ies).

Do you have any health problems of which emergency personnel or we should be aware? (i.e. heart condition, asthma, limitations on heavy lifting)

Yes No

If yes, please describe.

Date of last Tetanus booster: _____ Primary Care Provider: _____ Phone: _____

Emergency Contact: _____ Phone: _____