

280 Alligator Drive Venice, FL 34293

## RELEASE AND WAIVER OF LIABILITY FOR ADULTS & MINORS

Please Read Carefully: This is a legal document that affects your legal rights!

Construction site laborers must be 16 years old or older.

		(month)	(day)	(year)
ру	, an <b>ADULT</b> (the "Volunteer"), or			
oy	, a MINOR CHILD (the "Volunte	er") and		
(Volunteer's name	· · · · · · · · · · · · · · · · · · ·	/	ıardian's name – PRI	NT)
ha manant harring lagal ar	ustody 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 South Sarasota County, Inc., a Florida nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

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

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

- 1. Waiver and Release. Volunteer and/or 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 for Habitat.
  - Volunteer and/or Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer and/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 for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and/or 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.
- 2. **Medical Treatment**. Volunteer and/or Guardian do hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for 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/or 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/or 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 for the Volunteer's work for Habitat.
- 4. **Insurance**. The Volunteer and/or 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.
  - Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- 5. **Photographic Release**. Volunteer and/or Guardian do hereby: consent that their photograph may be taken or their image digitally recorded while engaged in work for Habitat and 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.	laws of the State of Colorad of Colorado. Volunteer and	lo, and that this Release sl l/or Guardian agree that in petent jurisdiction, the in-	nall be governed by and interpret in the event that any clause or pro- validity of such clause or provision	as Broad and inclusive as permitted by the ed in accordance with the laws of the State vision of this Release shall be held to be on shall not otherwise affect the remaining
IN	WITNESS WHEREOF, Volu	unteer has executed this R	telease as of the day and year firs	st above written.
Vo	lunteer's Name (PRINT):	First	Last	Birth Date:(if under the age of 18)
Vo	lunteer's Signature:			-
Cit	y:	State:	Zip:	
Но	me Phone:	Work Phone	<b>:</b> :	
EM	IAIL ADDRESS			
OF	RGANIZATION Volunteerin	ng with:		
		Medic	al Disclosur	•e
				. •
Vo	lunteer's Name (PRINT):	First	Last	
	ereby certify that I do not have at the Habitat Home ReStore			ald impair my abilities while performing my
			hysical limitations that would renjuries, disabilities, or physical li	strict me from performing the daily tasks mitations.
Ple	ase list and explain:			
Vo				
Par	rent/Guardian's Name (PRIN	T):		
Par	rent/Guardian's Signature:			
EN	IERGENCY CONTACT:			_
	one:		Relationship:	
Ha	bitat Staff Person Signature_			Date: