



## VOLUNTEER WAIVER AND RELEASE FROM LIABILITY

In consideration of my desire to volunteer my services, I, the undersigned, hereby execute this VOLUNTEER WAIVER AND RELEASE FROM LIABILITY (hereinafter "RELEASE") on the below date in favor of HABITAT FOR HUMANITY INT'L, INC., ASHEVILLE AREA HABITAT FOR HUMANITY, INC., both non-profit corporations, and their respective directors, officers, employees and agents (known collectively as "HABITAT").

**Assumption of Risk:** I am aware that any activity with HABITAT involves a certain degree of risk of personal injury, and that the amount of risk will vary significantly depending upon the activity. I have taken the time to carefully consider the risks associated with this volunteer activity, and hereby acknowledge, accept and assume these risks, including the risks inherent to being on a construction site.

**Waiver and Release:** Should I sustain a personal injury of any kind, or any property damage, as a result of participation in this activity, I hereby release and hold harmless HABITAT from any and all liability claims, actions, costs and expenses that may arise from injury or harm to me or my property. I recognize that this RELEASE means I am giving up, among other things, the right to sue HABITAT for injuries, damages or losses that may occur in the course of this activity, and understand that this RELEASE covers liability, claims and actions caused entirely or in part by any act or failure to act by HABITAT including, but not limited to, simple negligence, fault or other misconduct on the part of Habitat, intentional or grossly negligent conduct excepted. I also understand that this RELEASE binds my heirs, executors, administrators and assigns as well as me.

**Medical Treatment/Insurance:** I hereby release HABITAT from any claim arising now or later from first aid, treatment or service rendered in connection with my activities with HABITAT. I understand that HABITAT provides medical insurance coverage for its volunteers which is in excess of any other medical insurance coverage or government benefit the volunteer may have, and that if I have such medical coverage, I must first submit my claim(s) to my primary payor.

**Photographic Release:** I hereby grant to HABITAT all right, title and interest in any and all photographic images and video or audio recordings made by HABITAT during my activities with HABITAT including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings, understanding further that these images could be used in marketing materials, on HABITAT's website or by the media.

**I am at least 18 years old,** <sup>1</sup> have read this entire RELEASE, I fully understand it and I agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to this RELEASE or the activity.

### PLEASE PRINT CAREFULLY

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Emergency Contact Printed Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Are you volunteering with Habitat on behalf of a faith community, business, organization, or school? \_\_\_\_\_

If yes, please name organization here: \_\_\_\_\_

<sup>1</sup> Minors must first obtain written authorization from a parent or legal guardian prior to commencing any activity.  
Some restrictions may apply. (Habitat form: Volunteer Waiver and Release from Liability – Minor Aged 16-17)