In consideration of my desire that my minor child volunteer his/her services, I, the undersigned, hereby execute this VOLUNTEER WAIVER AND RELEASE FROM LIABILITY – MINOR AGED 16 TO 17 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, and that the amount of risk will vary significantly depending upon the activity. I understand that minors under the age of 16 may not engage in activities on any active construction site. I further understand that minors under the age of 18 may not engage in activities deemed by the HABITAT site supervisor as too hazardous for minors including, but not necessarily limited to, operating or helping to operate power equipment, wrecking or demolition operations, roofing or excavation work. I have carefully considered the risks associated with this particular activity, and hereby acknowledge and accept these risks on behalf of my minor child, including the risks inherent in being on a construction site, as applicable.

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 minor child's 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 minor child's 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 minor child's 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.

Parent / Guardian Statement: *I am at least 18 years old and have read this entire RELEASE. I fully understand it and agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to this RELEASE or the activity itself. I hereby certify that I have legal custody of this minor child, and that the minor child is not less than 16 years old. I hereby consent to allow my minor child to volunteer his/her services to HABITAT, and to receive emergency medical treatment as necessary.*

VOLUNTEER INFORMATION:	PARENT / GUARDIAN CONSENT:
Printed Volunteer Name:_____	Date:_____
Minor Signature:_____	**Printed** Name:_____
Age:_____ Date of Birth:_____	Parent/Guardian Signature:_____
Address, City, State, Zip_____	Relationship to Minor:_____
_____	Address, City, State, Zip_____
Email Address:_____	_____
Home Phone:_____	Email Address:_____
Cell Phone:_____	Parent / Guardian Phone #:_____
Are you volunteering with a faith group, organization, or school?	Additional Emergency Contact:_____
Please identify group here:_____	Phone:_____