

Release and Waiver of Liability (Individual)

PLEASE PRINT

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 200_ by _____, (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity Findlay/Hancock County, an Ohio non-profit corporation, its directors, officers, employees (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings and working in the Habitat offices.

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

WAIVER AND RELEASE. Volunteer does 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 of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Habitat. Volunteer understands and acknowledges 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 for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by Habitat in writing, 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.

MEDICAL TREATMENT. Except as otherwise agreed to by Habitat in writing, Volunteer does 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.

ASSUMPTION OF THE RISK. The Volunteer understands 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. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's work for Habitat.

INSURANCE. The Volunteer understands 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.



PHOTOGRAPHIC RELEASE. Volunteer does 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.

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the Ohio. Volunteer agrees 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 has executed this Release as of the day and year first above written.

Volunteer: _____

Volunteer Witness: _____

EMERGENCY INFORMATION

In case of emergency please contact:

Name: _____

Relationship: _____

Street: _____

City: _____ State: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell) _____

Emergency Medical Information

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history:

Allergies (medicines, food, insect, plants):

Current Medications:

Last Tetanus Shot: _____

Physical Impairments:

Other Pertinent Medical Information:

Primary Care Physician:

Name: _____

Address: _____

Phone: _____

Insurance Company: _____

Policy number: _____