



Release and Waiver of Liability

READ THIS CAREFULLY!

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 200__ by _____ (the "Volunteer") in favor of **HABITAT FOR HUMANITY INTERNATIONAL, INC.**, a nonprofit corporation, and **HABITAT FOR HUMANITY – QUAD CITIES, INC.**, a nonprofit corporation organized and existing under the laws of the State of Iowa, USA, their directors, officers, employees, volunteers, and agents (collectively, "Habitat").

The undersigned desires to volunteer for Habitat for Humanity and engage in the activities related to being a volunteer for a work project (the "Activities"). The Volunteer understands that the Activities may include building construction, working in the Habitat offices, participating in Habitat for Humanity – Quad Cities functions, and working at the Habitat ReStore.

I, the undersigned Volunteer, in consideration of the opportunity to participate in Habitat Activities does hereby freely and voluntarily, without duress, execute this Release and agree to the following terms and conditions:

- 1. Waiver and Release.** I 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 my volunteer Activities at Habitat. I understand and acknowledge that this Release discharges Habitat from any liability or claim that I may have against Habitat with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation on the Habitat worksite. I 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, illness, death or property damage.
- 2. Insurance.** I understand that I expressly waive any such claim for compensation or liability on the part of Habitat beyond what may be offered freely by a representative of Habitat in the event of such injury or medical expense.
- 3. Medical Treatment.** I hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Habitat.
- 4. Assumption of Risk.** I understand that my time with Habitat may include Activities that may be hazardous to me including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from work sites. I also recognize and understand that my time with Habitat may, in some situations, involve inherently dangerous Activities. I hereby expressly 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 at Habitat for Humanity - Quad Cities and the Habitat ReStore.
- 5. Photographic Release.** I 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 my volunteer Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Drug Policy.** I have been advised that Habitat for Humanity – Quad Cities maintains a DRUG FREE WORK AREA and that no person is allowed on Habitat property or allowed to work on a Habitat house, work at the Habitat ReStore, or participate in other Habitat Activities if he or she is under the influence of alcohol and/or drugs. I agree to abide by this drug free policy.
- 7. Safety Handbook.** I acknowledge receipt of the Work Crew Safety Handbook and agree to abide by the policies and procedures therein.
- 8. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and the United States of America and that this Release shall be governed by and interpreted in accordance with the laws of the State of Iowa. I agree 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.

Name of Volunteer _____ **Date** _____

Birthdate: _____

Signature of Volunteer _____

Street Address _____ Phone _____

City, State Zip _____ Email _____

Organization (if applicable) _____

Emergency Contact _____ Phone _____

Medical Conditions _____

If the Volunteer is less than 18 years of age (a minor), a parent or guardian must sign this Release and Waiver of Liability.

Name of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____

Phone number for a person we should contact in an emergency:

Name: _____

Phone number: _____

Relationship to you: _____

Do you have any health issues we should know about? (wearing contacts, taking blood thinners, diabetic, etc.
This info will remain in your file. It is intended only to help us assist you, should you be unable to communicate with us.)

If so, please list here:
