

**RELEASE AND WAIVER OF LIABILITY
TRI-COUNTY HABITAT FOR HUMANITY OF CENTRAL PENNSYLVANIA, INC.**

***PLEASE READ CAREFULLY!
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!***

THIS RELEASE AND WAIVER OF LIABILITY executed on this ____ day of _____, 20____, by

_____ (the "Volunteer"; and, in the case of a minor, by his/her guardian, collectively the "Volunteer") in favor of Habitat for Humanity International, Inc., and Habitat for Humanity of Central Pennsylvania, Inc., their respective directors, officers, employees and agents (collectively "Habitat").

Volunteer desires to work as a volunteer for Habitat and understands that the Activities may include constructing and rehabilitating residential buildings.

Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

1. **Release and Waiver:** 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 or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat. Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's Activities with Habitat, whether caused by negligence of Habitat or its officers, directors, employees or agents or otherwise. Volunteer also understands that Habitat does not assume 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 does hereby release and forever discharge Habitat from any claim whatsoever which arises or hereafter may arise on account of any first aid, treatment or service rendered in connection with the Volunteer's Activities with Habitat.
3. **Assumption of Risk:** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, Construction, loading and unloading, and transporting to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the Activities.
4. **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.
5. **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 Activities with Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. 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 (and guardian if applicable) has executed this Release as of the day and year first above written.

Witness: _____ Volunteer: _____ Address: _____

Date: _____ Parent/Guardian: _____ Phone: _____

Tri-County Habitat for Humanity

AUTHORIZATION FOR TREATMENT OF MINOR CHILD (Only to be signed for persons age 18 and under.)

I, the undersigned, _____, parent and/or legal guardian of _____, a minor, do hereby authorize Habitat for Humanity of Central Pennsylvania, Inc., its directors, officers, employees and agents to provide and/or consent to first-aid treatment or other medical services which may become necessary in connection with an emergency during said minor's participation in any Habitat for Humanity activity.

Please indicate current medical/health or medication information

Date: _____ Parent/Guardian: _____

_____ please print full name

IT IS THE POLICY OF HABITAT FOR HUMANITY INTERNATIONAL THAT CHILDREN UNDER THE AGE OF 14 ARE NOT ALLOWED ON A HABITAT WORKSITE WHILE THERE IS CONSTRUCTION IN PROGRESS. IT IS FURTHER THE POLICY OF HABITAT THAT CHILDREN BETWEEN AGES 14-16 CAN DO LIMITED WORK: PAINTING, LANDSCAPING, BUT SHOULD NOT BE ON THE SITE DURING HEAVY CONSTRUCTION. CHILDREN BETWEEN THE AGES OF 16 AND 18 ARE ALLOWED TO DO GENERAL CONSTRUCTION WORK, BUT NO HAZARDOUS ACTIVITIES SUCH AS USING POWER TOOLS, EXCAVATION, DEMOLITION OR WORKING ON ROOFTOPS, AS STATED IN OUR INSURANCE POLICY.

THIS FORM IS TO BE SIGNED ONCE BY EACH VOLUNTEER (AT EACH WORK SITE) AND IT IS TO BE KEPT ON FILE AT EACH WORK SITE.

PRINTED LAST NAME