

RELEASE FROM LIABILITY WAIVER

As a volunteer, you are not covered by Workmans Compensation Insurance, nor does Habitat have liability coverage for injury of volunteers. We ask that all volunteers accept full responsibility for their own safety.

PLEASE CIRCLE AGE OF VOLUNTEER (IF MINOR): 16 17

This Release and Waiver of Liability (the "Release") is executed on this ___ day of _____, 20___, by _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of La Plata County Inc., a Colorado nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, "Habitat and Partners").

The Volunteer desires to work as a volunteer for Habitat and Partners and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

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

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless Habitat and Partners and their 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 and Partners.

Volunteer understands that this Release discharges Habitat and Partners from any liability or claim that the Volunteer may have against Habitat and Partners with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat and Partners, whether caused by the negligence of Habitat and Partners or their officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat and Partners do 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. Volunteer does hereby release and forever discharge Habitat and Partners from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat and Partners.

Assumption of the 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 transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat and Partners from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to in writing, Habitat and Partners do 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 and Partners all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat and Partners during the Volunteer's Activities with Habitat and Partners, 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 the State of Colorado, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. 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.

Volunteer Signature: _____ Date: _____

Volunteer Name (Please Print) _____

Address: _____ City, State Zip _____

Phone (Home): _____ (Cell): _____

Name of Emergency Contact: _____ Relationship to Volunteer: _____

Emergency Contact Phone: _____