

**Habitat for Humanity  
Release and Waiver of Liability**

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This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by INTERNATIONAL, INC., a nonprofit corporation organized and existing under the laws of the State of Georgia, USA, and Lake Agassiz Habitat for Humanity, a Minnesota and North Dakota non-profit corporation, its directors, officers, employees, and agents (collectively, "Habitat").

I, the volunteer, desire to participate in Habitat for Humanity activities. I understand that the activities may include but are not limited to construction and rehabilitation of residential buildings, being transported to and from event site locations, consuming food, working in the Habitat offices, and other participatory related activities.

1. **Waiver and Release.** I, the volunteer, 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 participation with Habitat.

I understand and acknowledge that this Release discharges Habitat from any liability or claim that I, the volunteer, may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with any Habitat events. 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 (see insurance requirements below.)

2. **Insurance.** I, the volunteer, understand that Habitat may elect to provide group accident insurance to its volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it makes available such group accident insurance, Habitat does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO ARRIVE WITH MEDICAL OR HEALTH INSURANCE AND COVERAGE IN EFFECT.

3. **Medical Treatment.** Except as otherwise agreed to by Habitat in writing, 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 the 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 the event sites. So, I recognize and understand that my time with Habitat may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically 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 of my time with Habitat.

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 work for habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the States of North Dakota and Minnesota in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the States. I agree that in the event that any clause or provision of the 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 the Release, which shall continue to be enforceable.

To express my understanding of the Release, I sign here with a witness:

**Volunteer:** Name: (please print) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness:** Name: (please print) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_