



109 Harrison Street NE, Leesburg, VA 20176 • Phone: 703.737.6772 • Fax: 703.737.6788 • www.LoudounHabitat.org

RELEASE AND WAIVER OF LIABILITY FOR MINORS

PLEASE READ CAREFULLY!

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this ___ day of _____, 20__ by _____, a minor child (the Volunteer"), and _____, the parent having legal custody and/or the legal guardian of the Volunteer (the "Guardian"), in favor of Loudoun Habitat for Humanity, a Virginia nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer and the Guardian understand that the activities may include constructing residential buildings, working in Habitat offices, or assisting with other Habitat projects.

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

1. **Waiver and Release.** Volunteer and Guardian do 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 work for Habitat.

Volunteer and Guardian understand 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 with Habitat, whether caused by the negligence of Habitat or its directors, officers, employees, agents or otherwise. Volunteer and Guardian 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 or illness.

2. **Medical Treatment.** Volunteer and Guardian do hereby release and forever discharge Habitat 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 work with Habitat or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child (attached).
3. **Assumption of the Risk.** The Volunteer and Guardian understand that the work with 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. The Volunteer and Guardian understand the Volunteer may be performing services or work normally done by skilled and experienced workers and without supervision by a professional, increasing the risk of injury or death.

Volunteer and Guardian 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 the Volunteer's work with Habitat.

4. **Insurance.** The Volunteer and Guardian understand that Habitat does not carry or maintain health, medical, worker’s compensation 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. **Other.** Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Virginia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. Volunteer and Guardian 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.

IN WITNESS WHEREOF, Volunteer and Guardian have executed this Release as of the day and year first above written.

Volunteer

Witness

Parent or Guardian

Parent or Guardian

Address: _____

Address: _____

Phone (H): _____

Phone (H): _____

(W): _____

(W): _____

NOTE: For the safety of our volunteers, first-time Volunteers must complete an Emergency Contact Information form that must be kept on the worksite. This form must be updated as information changes.

In addition, Parents/Guardians of a Volunteer under the age of 18 must complete and have notarized a Parental/Guardian Authorization for Treatment of a Minor Child each day the Volunteer is on the worksite.

For office/worksite use only:

Please confirm the Volunteer has completed the following forms:

- Emergency Contact Information Form on file and current
- Notarized Parental/Guardian Authorization for Treatment of a Minor Child
- Publicity Release & Waiver for a Minor Child



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EMERGENCY CONTACT INFORMATION FOR MINORS

Minor's name

In case of emergency, please contact:

Name

Relationship

Address

Phone: Day (____) _____ Evening (____) _____

The following information may be needed by any hospital or medical practitioner not having access to your minor's medical history:

Allergies to medicine, food, etc.:

Medication currently taking:

Date of last tetanus shot:

Physical impairments:

Other:

Over

03.15.11

A decent home in a decent community for God's people in need.

Personal Physician

Name

Address

Phone: Day (____) _____ Evening (____) _____

Personal Health Insurance Coverage

Company

Policy number

Group number

Insurance agent

Agent's phone (____) _____



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PUBLICITY RELEASE & WAIVER FOR A MINOR

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Volunteer and Guardian do hereby grant and convey unto Habitat all rights, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's work with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. **If, for any reason, volunteer cannot be in photographic images and video or audio recordings, please initial here:** _____.

Check here if you do not wish to be contacted regarding your volunteer experience.

IN WITNESS WHEREOF, Volunteer and Guardian have executed this Release as of the day and year first above written.

Volunteer (signature) _____
Witness (signature)

Parent/Guardian (signature) _____
Witness Name (Print)

Address:

Phone (H): _____

(W): _____

2/17/2011



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**PARENTAL/GUARDIAN AUTHORIZATION FOR TREATMENT
OF A MINOR CHILD**

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child, _____ and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Parent or Guardian	Parent or Guardian
Address:	Address:
Phone (H): _____	Phone (H): _____
(W): _____	(W): _____

This PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD sworn to and subscribed before me by _____, and _____, the Parents or Legal Guardians of _____, a minor child, this ____ day of _____, 20 __.

Notary Public
My commission expires: _____