



VOLUNTEER AGREEMENT + RELEASE OF LIABILITY

Please read carefully! This is a legal document that affects your legal rights!

Full Name _____ Date of Birth _____

Address _____

City, State, ZIP _____

Phone _____ Email _____

Group Name (if applicable) _____

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ in the year _____, by _____ (the "Volunteer"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and San Gabriel Valley Habitat for Humanity, Inc., a California nonprofit corporation, their directors, officers, employees, volunteers and agents (collectively, "Habitat").

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

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 its successors and assigns from any 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 the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does not assume any responsibility for or obligating 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 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.

ASSUMPTION OF RISK. Volunteer understands that 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 Activities and releases Habitat from all liability for injury, illness, death or property damage resulting from Activities.

INSURANCE. 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.

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.

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. 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.

SAFETY MANUAL. Volunteer acknowledges that he or she has received a copy of the Construction Safety Manual; that he or she has read it; and that he or she understands its contents.

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

Volunteer Signature _____ Date _____

Witness Signature _____ Date _____

Emergency Contact _____ Phone _____ Relation _____

Address _____

City, State, ZIP _____

In case of emergency, the nearest hospital to the site will be used. The information below is needed by any hospital or medical practitioner not having access to the volunteer's medical history:

Allergies _____ Blood Type _____ Date of last Tetanus shot _____

Medications currently taking _____

Injuries, surgeries or illnesses in the past 6 months _____

Personal physician _____ Phone _____

Address _____

City, State, ZIP _____

Health Insurance Company _____ Policy # _____

Insurance Agent _____ Phone _____