



RELEASE AND WAIVER OF LIABILITY FOR MINORS

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

I grant permission for _____ (minor) to volunteer for Sussex County Habitat for Humanity (SCHFH). I understand that the volunteers will be involved in activities related to construction.

Parent/Guardian (print) _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Email _____

Organization Name (if applicable) _____

T-Shirt Size _____S _____M _____L _____XL _____XXL

In case of an emergency, please contact:

Name _____

Relation to minor _____

Address _____

Phone (H) _____ (W) _____ (C) _____

This Release and Waiver of Liability (the "Release"), is executed on this day _____ by _____ (the "Volunteer and parent or guardian") in favor of Habitat for Humanity International (a non-profit corporation), Sussex County Habitat for Humanity (a Delaware non-profit corporation), and its directors, officers, employees, and agents (SCHFH). The volunteer desires to participate with SCHFH and engage in activities related to being a volunteer (the "Activities"). The volunteer and parent or guardian understands that the Activities may include constructing and rehabilitating residential building, consuming food, and using materials donated for the work.

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

1. **Waiver and Release.** Volunteer/parent/guardian does hereby release and forever discharge and hold harmless SCHFH 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 arrive or may hereafter arise from Volunteer's participation in SCHFH's Activities. Volunteer may have against SCHFH from any liability or claim that the volunteer may have against SCHFH with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in SCHFH's Activities. Volunteer also understands that SCHFH 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.
2. **Medical treatment.** Volunteer/parent/guardian does hereby release and forever discharge SCHFH 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 participation in SCHFH's Activities.
3. **Assumption of Risk.** Volunteer/parent/guardian does hereby expressly and specifically assumes the risk of injury or harm in these activities and releases SCHFH from all liability for injury, illness, or death, or property damage resulting from activities of the Volunteers participation in Activities.
4. **Insurance.** The Volunteer/parent/guardian understands that, except as otherwise agreed to by SCHFH in writing, SCHFH 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.** The Volunteer/parent/guardian does hereby grant and convey unto SCHFH all right, title, and interest in any and all photographic images or video or audio recordings made by SCHFH during the Volunteer's Activities with SCHFH, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other.** The Volunteer/parent/guardian expressly agrees that this Release is intended to be broad and inclusive as permitted by the laws of the State of Delaware and that this Release shall be governed by an interpreted in accordance with the laws of the State of Delaware. The Volunteer agrees that if any clause or provision of this Release is held to be invalid in any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable.

Parent/Guardian Signature_____

Date_____

My parent/guardian has reviewed this information with me and I agree to follow the rules and instructions at the SCHFH Worksite.

Volunteer Signature_____

Volunteer Date of Birth _____ **Volunteer e-mail** _____

Date _____

AUTHORIZATION

FOR THE TREATMENT OF A MINOR

I, _____, am a parent or legal guardian having custody of _____, a minor child. I hereby authorize and appoint _____ the representative of Delmarva Christian High School_____, an adult in whose care the minor child has been entrusted, or a duly authorized agent of Sussex County Habitat for Humanity, Inc., as my agent to act for me with respect to the minor child, _____, concerning the 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 of treatment which may be rendered to the 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 the minor child's medical records that I have, including the right to disclose the contents to others.

Parent/Guardian _____

Parent e-mail _____

Parent emergency contact phone number _____

Witness _____

Date _____