

**HABITAT FOR HUMANITY CAPITAL DISTRICT, INC.
VOLUNTEER APPLICATION**

NAME OF VOLUNTEER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____

MEDICAL INSURANCE INFORMATION/ALLERGIES: _____

(This information is required should any illness or accident occur.)

EMERGENCY CONTACT: _____

Telephone number: _____ (day) _____ (evening)

RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS CAREFULLY: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

THIS RELEASE AND WAIVER OF LIABILITY ("Release") is executed on the date signed below by and between VOLUNTEER, his or her heirs, executors, administrators, successors and assigns ("VOLUNTEER") and HABITAT FOR HUMANITY CAPITAL DISTRICT, INC., a New York not-for-profit corporation, its directors, officers, employees and agents (collectively "HfHCD").

1. The VOLUNTEER desires to work as a volunteer for HfHCD. The VOLUNTEER understands that volunteer activities may include construction and rehabilitation of residential buildings, working in the HfHCD offices, the HfHCD ReStore and/or other physical activity. The VOLUNTEER understands that the work for HfHCD 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.
2. The VOLUNTEER hereby freely, voluntarily, and without duress releases, forgives, discharges and holds harmless HfHCD and its successors and assigns from and against any and all liability, claims and demands of whatever kind or nature, either in law or in equity, for bodily injury, personal injury, illness, death or property damage which may arise from VOLUNTEER's work for HfHCD, to the extent permitted by the laws of the State of New York, and except to the extent contributed to, caused by or resulting from the negligence of HfHCD.
3. Except as otherwise agreed to by HfHCD in writing, VOLUNTEER hereby releases and forever discharges HfHCD from any claim arising from or in connection to any first aid, treatment, or service rendered in connection with VOLUNTEER's work for HfHCD.
4. Except as otherwise agreed to by HfHCD in writing, HfHCD 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. VOLUNTEER has no known health issues and is not currently taking any drugs or medications that would limit and/or restrict in any way performance of the activities they will be undertaking as a volunteer for HfHCD.
6. VOLUNTEER hereby grants to HfHCD all rights, title and interest in any and all photographic images, video and audio recordings made by HfHCD during VOLUNTEER's

work for HfHCD, including, but not limited to, all royalties, proceeds, or other benefits derived from such photographs and recordings.

7. This Release shall be governed by and construed in accordance with the laws of the State of New York, and is intended to be as broad and inclusive as permitted by the laws of the State of New York. In the event that any provision of this Release is held to be invalid by any court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

I hereby certify that the information here is accurate, and I hereby execute this Release:

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF PARENT OR
GUARDIAN (required if Volunteer
is under age 18)

DATE