



# VOLUNTEER

## Release and Waiver of Liability

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Home address: \_\_\_\_\_

### In Case of Emergency:

Please call: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

---

### ***Please Read Carefully!***

#### **This Is a Legal Document That Affects Your Legal Rights**

This Release and Waiver of Liability (the "Release") is executed on \_\_\_\_\_ (date) by \_\_\_\_\_, ("Volunteer"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and West Tuality Habitat for Humanity, Inc., an Oregon nonprofit corporation, their directors, officers, employees, sponsors, donors, volunteers and agents (collectively, "Released Parties"). The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer understands that the "Activities" may include construction or rehabilitation of residential buildings, working in the Habitat offices or Restore.

**Assumption of Risk.** The Volunteer understands that the 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 site. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

**Consent to Transportation and Medical Treatment.** I consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed above as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to arrange for transportation as deemed necessary and appropriate in their discretion. I also authorize the Released Parties to consent to examinations, testing, x-rays, medical, dental or surgical treatment (including anesthesia and hospitalization) for me as advised by a physician, dentist or other health care provider. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account



# VOLUNTEER

of any first aid, transportation, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

**Insurance.** I understand that, except as otherwise agreed to by the Released Parties, in writing, the Released Parties do not provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own health, medical, disability or other insurance coverage.**

I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary 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 OREGON. Volunteer agrees that in the event 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.

Volunteer Signature: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

**Minors:** If the Volunteer is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Volunteer also hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought by such volunteer or his/her behalf which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to transport, administer first aid, and consent to assessment, examination, x-rays, medical, dental, surgical or other such health care treatment. I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for my child.

Parent/Guardian Signature: \_\_\_\_\_

Manager Signature: \_\_\_\_\_