2016 Release and Waiver of Liability

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

This Release and Waiver of Liability (the “Release”) is executed on this ______________ day of __________________ (month), 2016 by ___________________________________________, (the Volunteer) in favor of Habitat for Humanity East Central Ohio, a State of Ohio non-profit corporation, its directors, officers, employees and agents (collectively “Habitat”).

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, but are not limited to, constructing and rehabilitating residential buildings, working in the Habitat offices and living housing provided for volunteers of Habitat.

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

1. WAIVER AND RELEASE. Volunteer does 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 of nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s work or activities related to being a volunteer for Habitat. Volunteer understands and acknowledges 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 work or activities related to being a volunteer for 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 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. Except as otherwise agreed to by Habitat in writing, Volunteer does hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s work for Habitat.

3. ASSUMPTION OF THE RISK. The Volunteer understands that the work or activities related to being a volunteer for 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. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer’s work or activities related to being a volunteer for Habitat.

4. INSURANCE. The 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.

5. 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 work or activities related to being a volunteer for Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. 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. Liability waivers are retained for five (5) years after the last day volunteered.

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

Volunteer Signature: _____________________________________________________________

You MUST legibly fill in the information below to work on a Habitat site, including the ReStore, ministry offices, and construction sites.

Name:

Address, City, State and Zip:

Email:

Phone:

In case of emergency, please contact (Enter name):

Relation: ___________________________ Phone: ________________________________

Age (please check one):

____ Under 18    ____ 18-24    ____ 25-40    ____ 41-65    ____ 65+

Any other information we should be aware of (allergies, medications, physical conditions, etc.):

__________________________________________

Volunteer Group Name (if applicable):

__________________________________________
2016 Release and Waiver of Liability (MINOR)
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2. **MEDICAL TREATMENT.** Except as otherwise agreed to by Habitat in writing, Volunteer does hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's work for Habitat.

3. **ASSUMPTION OF THE RISK.** The Volunteer understands that the work or activities related to being a volunteer for 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. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer’s work or activities related to being a volunteer for Habitat.

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

Volunteer Signature: __________________________________________________________

If under 18, Signature of Parent or Guardian:

_________________________________________ Date: ___________________________

You MUST legibly fill in the information below to work on a Habitat site, including the ReStore, ministry offices, and construction sites.

Name:

Address, City, State and Zip:

Email:

Phone:

In case of emergency, please contact (Enter name):

Relation: ___________________________ Phone: ___________________________

Any other information we should be aware of (allergies, medications, physical conditions, etc.):

_________________________________________________________________________

_________________________________________________________________________
Volunteer Group Name (if applicable):