



**Habitat  
for Humanity®**

www.habitatstl.org Saint Louis

(Must be signed and on file in Habitat office each year.)

# VOLUNTEER RELEASE AND WAIVER OF LIABILITY 2009

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

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_ (month), 2009 by (The "Volunteer") \_\_\_\_\_ in favor of Habitat for Humanity Saint Louis ("Habitat").

The Volunteer and/or Guardian desire that the Volunteer participate in certain projects and other activities of Habitat. The Volunteer and/or Guardian understand that the activities may include constructing residential buildings, working in our ReStore or warehouse, being transported to and from work site locations, and consuming food provided for the work project ("Project").

The Volunteer and/or Guardian recognizes that there are inherent risks and dangers in performing construction projects and that Habitat has the right to refuse to allow any Volunteer to participate in the project, for any reason and in the sole discretion, of Habitat, its agents, servants or employees.

The Volunteer and/or Guardian do hereby freely, execute this Release under the following terms:

**1. Waiver and Release.** By signing this Release, Volunteer and/or Guardian hereby release and hold harmless Habitat and its successors and assigns, its directors, employees and staff, from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise as a result of Volunteer's participation in the Project.

Volunteer and/or Guardian understand that this Release discharges Habitat, its directors, employees and staff, from any liability or claim that the Volunteer may have against Habitat regarding any claim or demand that may result from Volunteer's participating in the Project. Volunteer and/or Guardian also understand that Habitat does not assume any responsibility for providing any assistance to Volunteer, including but not limited to medical, health, disability, or workman's compensation insurance.

**2. Medical Treatment.** Volunteer and/or Guardian release Habitat from any claim whatsoever which arises or may hereafter arise as a result of any first aid, treatment, or service rendered in connection with the Volunteer's participation in the Project, or with the decision by any representative of Habitat to exercise the power to consent to medical or dental treatment.

**3. Assumption of Risk.** The Volunteer and/or Guardian understand that the Project may include activities which may be hazardous to the Volunteer. In addition, any food and medical facilities which may be donated to and/or purchased by Habitat are beyond the control of Habitat. Therefore, the Volunteer and/or

Guardian assumes any and all risk of any kind that may arise out of the Volunteer's participation in the Project.

**4. Insurance.** Habitat may elect, in its sole discretion, to provide group accident insurance and make it available to Project Volunteers, as well as liability insurance. Except to the extent it makes available, or has such group accident insurance, or other insurance, Habitat expressly disclaims any responsibility for providing any insurance for Volunteer, including, but not limited to health, medical, liability or workmen's compensation.

**EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH MEDICAL OR HEALTH INSURANCE COVERAGE IN EFFECT.**

**5. Photographic Release.** By signing this Release, Volunteer and/or Guardian also transfer unto Habitat all right, title, and interest in any and all photographic images and video and audio recordings made by Habitat including, but not limited to, any royalty benefits or other proceeds that could be received from such photographs or recordings.

**6. Volunteer Age Limitation.** Volunteer certifies that he/she is at least 16 years of age.

**7. Other.** Volunteer and/or Guardian expressly agree that this Release is permitted and governed by the laws of the State of Missouri. Further, the Volunteer and/or Guardian agree that in the event that any clause or provision of this Release shall be held to be invalid by a 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.

**8. Privacy Policy.** All information given on this form is used by Habitat for Humanity Saint Louis (HFHSL) solely as a means of maintaining accurate volunteer records and conveying up-to-date information with all participants of our affiliate. All information is private and in no way will we disclose or sell it to any parties outside of HFHSL.

**9. Parking Disclosure.** At Habitat, we make our best efforts to ensure the safety of your possessions while you volunteer your time with us. However, in the event of an unfortunate occurrence, Habitat can not be responsible for loss, theft, or damage. To further ensure the safety of your vehicle, please do not leave any valuables of any kind in your car, not even under the seat. We recommend that you do not bring ANY valuables to the warehouse, ReStore, or site. Habitat will not be responsible for any parking tickets that are issued to volunteers.

IN WITNESS WHEREOF, Volunteer and/or Guardian have executed this Release as of the day and year first above written.

Signature of Volunteer - Must be signed

Signature of Parent/Guardian (if volunteer is 16-17)  
Signature of Witness: (if volunteer is 18)

**ALL information MUST be completed & SIGNED!**

Build Date \_\_\_\_\_ /09

Please circle one: Mr. / Mrs. / Ms.

**Print Name Legibly**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ / \_\_\_\_\_  
(Preferred Name)

Permanent Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: H) \_\_\_\_\_ Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Birth date of Volunteer: \_\_\_\_\_  
(Must be 16 years of age)

Emergency Contact: \_\_\_\_\_  
address: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Due to Parking Issues, we ask for your License Plate Number: \_\_\_\_\_

How are you volunteering today? A financial sponsor, a volunteer group or as an individual? Let us know so that we can keep our records current!

(Please check  all boxes that apply)

Construction Leadership:  House Leader  Crew Leader  Crew Leader Trainee  Task Leader  Site Safety Observer

Weekday Crews:  Monday Crew  Wednesday Crew  Friday Crew

Individual Volunteer  ReStore Volunteer

Sponsor Name \_\_\_\_\_

Volunteer Group Name SIUE Alumni Association

Homebuyer or with a  With Homebuyer \_\_\_\_\_ / \_\_\_\_\_  
Name of Homebuyer House #

**Need Community Service?**  
Ask Habitat Staff at check-in how to receive service hours for volunteering.