

North St. Louis County Habitat for Humanity Release and Waiver

Please read carefully! This legal document affects your legal rights.

North St. Louis County Habitat for Humanity prohibits any actions or conduct which may discriminate against or harass other employees, volunteers, partner families or applicants for a Habitat home!

As a volunteer, I desire to work for Habitat and engage in the activities related to being a volunteer. These may include constructing and rehabilitating residential buildings. I freely, voluntarily, and without duress execute this release under the following terms

1. <u>Waiver and Release</u>. I do hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the volunteers work 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 Volunteers work for Habitat. Volunteer also understands that, except as otherwise agreed to by Habitat in writing, 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. <u>Medical Treatment</u>. 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 Volunteers work for Habitat For Humanity.
- 3. <u>Assumption of Risk</u>. The Volunteer understands that the work 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. 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 for Habitat.
- 4. <u>Insurance</u>. 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 HEALH INSURANCE COVERAGE**.
- **5.** <u>Photographic Release</u>. 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 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 Minnesota, and that this Release shall be governed by and interpreted in accordance with the laws of Minnesota. 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.

This Release and Waiver o	f Liability (the "Release") is execute	ed on thisday of		
by	(the "Volunteer") in fav	or of North St. Louis Count lirectors, officers, employee	y :S	
Name (PRINT):	PI	Phone:		
Address:	City	State Zip		
Email Address:				
Place of Worship You Attend (if	any):			
Date of Birth:				
Signature:	Date: _			
Guardian (if above is a minor):_	Date:	1 1		

EMERGENCY MEDICAL INFORMATION

YOU MUST REPORT ALL INJURIES!

In case of emergency, please contact	t:	
NAME:	PHONE:	
RELATIONSHIP:	ALTERNATE PHONE:	
	IMPORTANT!	
AGE 18 TO WORK ON A	S REQUIRED FOR ALL MINO A HABITAT FOR HUMANITY I FOR TREATMENT OF A MIN	WORK SITE AND
As parent or legal guardian of	S County Habitat for Humanity's house of Louis County Habitat for Humanity ement all care in the event of sudden illness or ched by phone at	construction project. ergency and medical personnel accident with respect to my
(NAME)	at (PHONE #)	
Name of Parent or Guardian (PRINT)		Date:

Revised Oct 2010