



This form must be read and signed by all people intending to volunteer with the Junction City/Harrisburg/Monroe Habitat for Humanity. It must be given to the site host or building supervisor before work is to begin!

This release and waiver of liability (the "release") executed on _____ (date) by _____ (Name of Volunteer) in favor of the Junction City/Harrisburg/Monroe Habitat for Humanity, a nonprofit corporation, its directors, officers, and agents (collectively referred to as "Habitat").

The Volunteer desires to participate in Habitat's construction project and the activities related to construction. The Volunteer understands that the activities may include construction, transportation, and consuming food.

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 or nature, either in law or in equity, which arise and may hereafter arise from Volunteer's participation in Habitat's projects.

Volunteer understands 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 participation in Habitat's project. 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.

2. **Medical Treatment:** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's participation in Habitat's projects.
3. **Assumption of Risk:** Volunteer understands that the Habitat project may include activities that may be hazardous to the Volunteer, and that the food, accommodations, and medical facilities may be donated to Habitat and beyond the control of Habitat.

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 on the Volunteer's participation in Habitat's work projects.

Volunteer understands that any images taken of him/her performing volunteer activities are the sole property of JC/H/M Habitat for Humanity Affiliate and may be used for affiliate promotional purposes.

Printed Name: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Signature: _____

Emergency/Allergy Information

In case of an emergency, please contact:

Name: _____

Relation: _____

Address: _____

(Include area code)

Phone: _____ Work: _____ Other: _____

Allergies (medicine, food etc.): _____

DonorSnap

Newsletter

Mailing List



235 W. 6th Ave. P.O. Box 171 Junction City, OR 97448

541-998-9548

www.ichmhabitat.org

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IMPORTANT: If the Volunteer is less than 18 years of age, this Parental Authorization also must be signed, and must be accompanied by the Release and Waiver of Liability form.

PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD

I, _____, am the parent or legal guardian having custody of a child or children who are under 18 years old and who will be volunteering with JCHM Habitat for Humanity.

I consent to the use of first aid treatment for my child and the use of generic and over the counter medications and treatments as directed by the manufacturer labels, to be administered by JCHM Habitat for Humanity. If an emergency and contact cannot be reached promptly, I hereby authorize the any agent or employee of JCHM Habitat for Humanity or its affiliated organizations to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment for my child as advised by a physician, dentist, or other health care provider. I also authorize JCHM Habitat for Humanity to arrange for transportation of my child as deemed necessary and appropriate in their discretion.

Name(s) of dependent(s) younger than 18 years of age to be covered by this waiver, parents or guardians must sign below.

No one under the age of 16 is allowed to participate in Habitat's construction or some volunteer projects.

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Printed Parent's Name: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Parent's Signature: _____