



New Volunteer \_\_\_\_\_  
Update info \_\_\_\_\_

**Habitat for Humanity Susquehanna, Inc.**  
**205 Hays Street, Bel Air MD 21014 410-638-4434**

**RELEASE AND WAIVER OF LIABILITY & APPLICATION**  
**For Minor Children and Adults with Disabilities**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, a minor child (the "Volunteer") and \_\_\_\_\_, the individual having legal custody of the Volunteer (the "Guardian"), in favor of Habitat for Humanity Susquehanna, Inc., a Maryland nonprofit corporation, its directors, officers, employees and agents (collectively, "Habitat").

The Volunteer and Guardian desires that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer and Guardian understand that the activities may include constructing residential buildings, working in the Habitat offices and working at special Habitat events.

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

1. **Waiver and Release.** Volunteer and Guardian do hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all of any and all actions, causes of action, suits, bills, claims, damages or demands of any nature whatsoever which Volunteer and Guardian may now have, ever had or hereafter may have, for, upon, or by any reason of any matter, cause or thing whatsoever, from the beginning of the world to the day of the date of these presents in any way relating to or growing out of which arise or may hereafter arise from Volunteer's work for Habitat. Volunteer and Guardian understand and acknowledge that this Release discharges Habitat from any liability or claim that the Volunteer and Guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand 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. **Medical Treatment.** Except as otherwise agreed to by Habitat in writing, Volunteer and Guardian do 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. In order to authorize and permit Habitat to render such medical services to the Volunteer, Guardian has executed a Parental Authorization for Treatment of a Minor Child, attached hereto and incorporated herein.
3. **Assumption of the Risk.** The Volunteer and Guardian understand 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. In connection thereto, Volunteer and Guardian recognize and understand that activities at Habitat and the work sites upon which construction is performed may, in some situations, involve inherently dangerous activities and environments. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and Volunteer and Guardian release Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's work for Habitat or from Volunteer's presence upon Habitat work sites.
4. **Insurance.** The Volunteer and Guardian understands that, except for medical coverage for certain minor injuries to Volunteer, Habitat does not carry or maintain health, medical or disability insurance coverage for any Volunteer.

**Each Volunteer is required to obtain and maintain his or her own medical or health insurance coverage. The failure of the Volunteer to provide sufficient proof of insurance coverage will result in Volunteer being barred from participating in any and all activities on behalf of Habitat at Habitat work sites and Volunteer will not be permitted on Habitat work sites.**

5. **Photographic Release.** Volunteer and Guardian do 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. **Volunteer Information.** Volunteer and Guardian represent that the Volunteer Information Sheet and Parental Authorization for Treatment of a Minor Child, attached hereto and incorporated by reference herein, are true and accurate and completed in full. Volunteer and Guardian acknowledge and agree that failure to complete the Volunteer Information Sheet or the Parental Authorization for Treatment of a Minor Child will cause Volunteer to be forbidden from engaging in any activity whatsoever on any Habitat work site or in Habitat's offices.
7. **Other.** Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer and Guardian agree 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.

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

VOLUNTEER:

WITNESS: (may be Guardian or other adult)

Print:

Print:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Signature:

\_\_\_\_\_

\_\_\_\_\_

GUARDIAN:

WITNESS:

Print:

Print:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Signature:

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER INFORMATION (PLEASE PRINT )**

Name: Mr. \_\_\_ Ms. \_\_\_ Miss \_\_\_\_\_

Birth date: \_\_\_\_\_ Age group: 14-15 \_\_\_ 16- 17 \_\_\_ (18 +\_please use Adult Waiver form)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**GUARDIAN INFORMATION (PLEASE PRINT )**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**SCHOOL INFORMATION**

School you attend \_\_\_\_\_ Verification of hours needed? Yes \_\_\_ No \_\_\_

**MEDICAL INFORMATION**

This information for which Guardian is authorizing disclosure will be shared with other employees of HHS and with health care providers in the case of Volunteer's medical emergency, under the following terms and conditions:

1. I understand that once the information on this form is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
2. I understand authorizing the use or disclosure of the information identified above is voluntary.
3. Health Care Providers are authorized to accept a photocopy of this authorization which shall be as valid as the original.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_  
(Failure to provide will result in Volunteer being barred from participation in Habitat activities)

Allergies, Medications or Special Conditions: \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD**

VOLUNTEER: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

**I, \_\_\_\_\_, am the Parent/Guardian of the above referred Volunteer. I hereby authorize Habitat for Humanity Susquehanna, to make any provisions for medical care for the child, including first aid, treatment or service rendered in connection with the Volunteer’s work for Habitat for Humanity.**

**Parent/Guardian:**

Print:

Date: \_\_\_\_\_

Signature:

\_\_\_\_\_

All information provided and contained in this Waiver and Application will be kept confidential except as necessary to provide HHS staff/house leader with emergency contact or background information.

This document is available in alternate format upon request.

Please mail/fax this witnessed Waiver of Liability/Application form to:

**Habitat for Humanity Susquehanna, Inc. 205 S. Hays Street, Bel Air, MD 21014  
Fax: 410-420-8843**

**Thank you**

We look forward to having you volunteer soon.

Feel free to contact us at [www.habitatsusq.org](http://www.habitatsusq.org) or 410-638-4434, ext. 6