

**PLEASE FILL OUT, PRINT AND BRING WITH YOU TO THE BUILD**

**Habitat For Humanity Release and Waiver of Liability  
(Revised 01/05/05)**

**Minor Release and Waiver Form**

(Must be at least 16 years old to participate in construction)

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

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, a minor child (the "Volunteer"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity North Central Georgia, Inc., a Georgia nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

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

**RELEASE AND WAIVER.** Volunteer and Guardian do 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 or may hereafter arise from Volunteer's Activities with Habitat.

Volunteer and Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer or Guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand 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.

It is the policy of Habitat that children under the age of 14 not be allowed on a Habitat worksite while there is construction in progress. It is further the policy of Habitat that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

**MEDICAL TREATMENT.** Volunteer and Guardian do 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 the Volunteer's Activities with Habitat or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

ASSUMPTION OF THE RISK. The Volunteer and Guardian understand that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites

INSURANCE. The Volunteer and Guardian understand 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.

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 Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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 Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. 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 the 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.

**Organization** \_\_\_\_\_

Witness \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Witness \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Witness \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Emergency Contact:**

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

Name \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (w) \_\_\_\_\_

E-mail \_\_\_\_\_

**Parental Authorization  
For Treatment of a Minor**

I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I hereby authorize and appoint \_\_\_\_\_, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity – North Central Georgia, Inc., as my agent to act for me with respect to my minor child, \_\_\_\_\_, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, \_\_\_\_\_, concerning my minor child's personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, including x-ray examination, anesthetic, medical or surgical diagnosis of treatment which may be rendered to my minor child under the general of special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Witness \_\_\_\_\_  
Witness \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Telephone \_\_\_\_\_

This Parental Authorization for Treatment of a Minor Child sworn to and subscribed before me by \_\_\_\_\_, and \_\_\_\_\_, the parent (s) or Legal Guardian(s) of \_\_\_\_\_, a minor child, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_