



VOLUNTEER WAIVER AND RELEASE FROM LIABILITY

In consideration of my desire to volunteer my services, I, the undersigned, hereby execute this VOLUNTEER WAIVER AND RELEASE FROM LIABILITY (hereinafter "RELEASE") on the below date in favor of HABILITAT FOR HUMANITY INT'L, INC., ASHEVILLE AREA HABILITAT FOR HUMANITY, INC., both non-profit corporations, and their respective directors, officers, employees and agents (known collectively as "HABILITAT").

Assumption of Risk: I am aware that any activity with HABILITAT involves a certain degree of risk of personal injury, and that the amount of risk will vary significantly depending upon the activity. I have taken the time to carefully consider the risks associated with this volunteer activity, and hereby acknowledge, accept and assume these risks, including the risks inherent to being on a construction site.

Waiver and Release: Should I sustain a personal injury of any kind, or any property damage, as a result of participation in this activity, I hereby release and hold harmless HABILITAT from any and all liability claims, actions, costs and expenses that may arise from injury or harm to me or my property. I recognize that this RELEASE means I am giving up, among other things, the right to sue HABILITAT for injuries, damages or losses that may occur in the course of this activity, and understand that this RELEASE covers liability, claims and actions caused entirely or in part by any act or failure to act by HABILITAT including, but not limited to, simple negligence, fault or other misconduct on the part of Habitat, intentional or grossly negligent conduct excepted. I also understand that this RELEASE binds my heirs, executors, administrators and assigns as well as me.

Medical Treatment/Insurance: I hereby release HABILITAT from any claim arising now or later from first aid, treatment or service rendered in connection with my activities with HABILITAT. I understand that HABILITAT provides medical insurance coverage for its volunteers which is in excess of any other medical insurance coverage or government benefit the volunteer may have, and that if I have such medical coverage, I must first submit my claim(s) to my primary payor.

Photographic Release: I hereby grant to HABILITAT all right, title and interest in any and all photographic images and video or audio recordings made by HABILITAT during my activities with HABILITAT including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings, understanding further that these images could be used in marketing materials, on HABILITAT's website or by the media.

I am at least 18 years old, ¹ have read this entire RELEASE, I fully understand it and I agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to this RELEASE or the activity.

PLEASE PRINT CAREFULLY

Printed Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State _____ Zip: _____

Date of Birth: _____ Gender: _____ Race: _____

Email Address: _____

Home Phone: () _____ Cell Phone: () _____

Emergency Contact Printed Name: _____

Relationship to Volunteer: _____ Emergency Contact Phone: _____

Faith community/business/ school affiliation (if applicable): _____

¹ Minors must first obtain written authorization from a parent or legal guardian prior to commencing any activity. Some restrictions may apply. (Habitat form: Volunteer Waiver and Release from Liability – Minor Aged 16-17)