



ADULT Volunteer Application and Release Waiver

(PLEASE PRINT CLEARLY)

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Release and Waiver of Liability

PLEASE READ CAREFULLY! This is a legal document that affects your legal rights.

This Release and Waiver of Liability (the "Release") is executed on the date set forth above by _____ ("Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity Inland Valley, Inc., a California nonprofit corporation, and their directors, officers, employees, volunteers, sponsors, agents, successors and assigns (collectively, "Habitat").

Volunteer desires to engage in activities related to being a volunteer for Habitat (the "Activities"). Volunteer understands that the Activities may include constructing and rehabilitating residential buildings and related improvements, working in the Habitat offices and its retail store, and living in housing provided for volunteers of Habitat.

Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver.

(a) Volunteer WAIVES, RELEASES, AND DISCHARGES Habitat from any and all liability, including, but not limited to, liability arising from Habitat's negligence or fault, for Volunteer's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to Volunteer, including traveling to and from the Activities.

(b) Volunteer INDEMNIFIES, HOLDS HARMLESS, AND PROMISES NOT TO SUE Habitat from any and all liabilities or claims made as a result of Volunteer's participation in the Activities, whether caused by Habitat's negligence or otherwise.

Volunteer acknowledges that Habitat is NOT responsible for the errors, omissions, acts, or failures to act of any other party or entity conducting a specific activity on its behalf.

Medical Condition. Volunteer certifies that a qualified medical professional has not advised against in the participating in the Activities. Volunteer certifies that there are no health-related reasons or problems which preclude participation in the Activities.

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 the Volunteer's Activities with Habitat. Volunteer hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Activities.

Assumption of the Risk. VOLUNTEER UNDERSTANDS THAT THE ACTIVITIES INCLUDE WORK THAT MAY BE HAZARDOUS TO VOLUNTEER, INCLUDING, BUT NOT LIMITED TO, CONSTRUCTION, DEMOLITION, HANDLING HAZARDOUS MATERIALS, LOADING AND UNLOADING, AND TRANSPORTATION TO AND FROM WORK SITES. VOLUNTEER IS FULLY AWARE OF THE RISKS AND HAZARDS CONNECTED WITH THE ACTIVITIES AND HEREBY ELECTS TO VOLUNTARILY PARTICIPATE IN THE ACTIVITIES, AND TO ENGAGE IN SUCH ACTIVITIES KNOWING THAT THEY MAY BE HAZARDOUS TO VOLUNTEER. VOLUNTEER AGREES TO VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY VOLUNTEER, AS A RESULT OF BEING ENGAGED IN THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF HABITAT OR OTHERWISE.

Insurance. 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. 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 in the event of injury or illness.

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

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of this state. 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.

Community Service Information	This information is required by Habitat for Humanity Inland Valley in order to verify your donated volunteer time.
HIGH SCHOOL:	High School Name: _____
MILITARY BRANCH:	Branch of Military: _____
SOCIAL SERVICES:	<input type="checkbox"/> The Mission Continues <input type="checkbox"/> United States Citizenship & Immigration <input type="checkbox"/> Cal Works – Greater Avenues for Independence (G.A.I.N) OTHER: _____
RETURN – TO – WORK PROGRAM:	PROGRAM NAME: _____
COURT ORDERED:	<input type="checkbox"/> YES – Must complete additional Court Ordered Volunteer Form <input type="checkbox"/> NO

Demographic Information	This information is optional but helps Habitat for Humanity in applying for grants and reporting the work we do in the community.
AGE BRACKET:	<input type="checkbox"/> 18-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+
MILITARY INVOLVEMENT:	Have you ever served in the armed forces, including but not limited to Reserve & National Guard, and had an honorable discharge? <input type="checkbox"/> None <input type="checkbox"/> Current/Active <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Veteran
ETHNICITY:	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Mixed Ethnicity
GROUP INVOLVEMENT:	Group Name: _____

Signed: _____ **Date:** _____

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

WITNESS/ Habitat Staff Member: _____