

## RELEASE AND WAIVER OF LIABILITY

*Please read carefully! This is a legal document that affects your legal rights!!*

I desire to work as a volunteer for Habitat for Humanity of Kent County, Inc., a Michigan nonprofit corporation, ("Habitat") and engage in the activities related to being a volunteer. I understand that the activities may include constructing and rehabilitating residential buildings, working in the Habitat office and warehouse, living in housing provided for volunteers of Habitat, and travel to participate in these activities. I freely, voluntarily, and without duress execute this release under the following terms:

1. **Waiver and Release.** I 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 from my work with Habitat. I understand that this release discharges Habitat from any liability or claim that I may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my work for Habitat, whether caused by Habitat or its directors, officers, employees, or agents, or otherwise. I 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, I 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 my work for Habitat.
3. **Assumption of Risk.** I understand that the work for Habitat may include activities that may be hazardous, including, but not limited to construction, loading and unloading, and transportation to and from the work sites. In connection thereto, I recognize and understand that activities at Habitat may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the activities of my work for Habitat.
4. **Insurance.** I understand that, except as otherwise agreed to by Habitat in writing Habitat does not commit to carry or maintain health, medical or disability insurance coverage for any volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**
5. **Photographic Release.** I 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 my work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and that this release shall be governed by and interpreted In accordance with the laws of the State of Michigan, I 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 shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable



Thank you for printing clearly  
Information is used for database!

TC \_\_\_\_\_  
RE \_\_\_\_\_  
IN \_\_\_\_\_

I have carefully read this document, fully understand its contents, and sign it voluntarily. I further state that I am at least 18 years of age and am competent to sign this document. This document shall bind me, my heirs, and personal representatives.

NAME: \_\_\_\_\_  
FIRST M.I. LAST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Date of Birth \_\_\_\_\_

TELEPHONE (Cell): \_\_\_\_\_ (Home) \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

GROUP VOLUNTEERING WITH: \_\_\_\_\_

HABITAT PROJECT/HOUSE #: \_\_\_\_\_

HAVE YOU VOLUNTEERED FOR HABITAT FOR HUMANITY KENT COUNTY BEFORE: YES/NO

ARE YOU A VETERAN: YES/NO

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE or Signature of Parent or Guardian Print Name

\_\_\_\_\_  
Date

For Minors:

I am the parent or guardian of the participant who has signed above and who is under eighteen (18) years of age. I have carefully read this document, fully understand its contents, and sign it voluntarily. I agree to indemnify and to hold Habitat and its agents, employees, directors, and workers harmless for any liability arising out of claims, which may arise from my child's participation in the Building Activities

Please Print Clearly!!