

**Habitat for Humanity-North Central Georgia**  
**MINOR Release and Waiver of Liability**

**BE SURE TO  
COMPLETE  
INFORMATION ON  
REVERSE SIDE.**

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

**It is the policy of Habitat for Humanity that children under the age of 16 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.**

This Release and Waiver of Liability (the "Release") is executed on this day of \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ (the "Volunteer") 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, volunteers, and agents (collectively, "Habitat and Partners").

The Volunteer desires to work as a volunteer for Habitat and Partners and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands 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 hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Habitat and Partners and their 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 and Partners.

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

**Medical Treatment.** Volunteer does hereby release and forever discharge Habitat and Partners 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 and Partners.

**Assumption of the Risk.** The Volunteer understands that the Activities 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.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat and Partners from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** The Volunteer understands that, except as otherwise agreed to in writing, Habitat and Partners do not 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.

**Photographic Release.** Volunteer does hereby grant and convey unto Habitat and Partners all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat and Partners during the Volunteer's Activities with Habitat and Partners, 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 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 this Release which shall continue to be enforceable.

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

**PLEASE PRINT LEGIBLY AND ENTER ALL REQUESTED INFORMATION.**

**If you need documentation of your volunteer hours, please bring any and all forms to be signed with you to the build site and have the construction manager sign them at the beginning and at the end of the day.**

Volunteer Group \_\_\_\_\_ Volunteer Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Many companies match volunteer hours with cash donations to local non-profit organizations. Please check with your employer for more information on your company's community building initiatives.** (Rev 10/2017)

# 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.

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

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

Telephone \_\_\_\_\_