

VOLUNTEER WAIVER and Release of Liability

This form is to be read and signed by all persons, or their legal guardians or parents, intending to participate in volunteer work of any type for Habitat for Humanity of North Idaho.

(*please print*) I, _____ desire to work as a volunteer for Habitat for Humanity of North Idaho, (HfHNI). I understand that all volunteer activities, including volunteer work at HfHNI work sites, at the Habitat Restore or Office, and other volunteer work for Habitat, may involve risk of harm. I am aware of these risks and knowingly and willingly assume all risks of personal injury and loss of personal property that may be sustained in connection with these activities. Please note that it is not unusual for strangers to wander onto a job site. Plan to be responsible for the tools you are using and keep your vehicle locked. Habitat for Humanity of North Idaho carries limited liability insurance, however, it is secondary to a Volunteer's own health and accident insurance.

In consideration of my participation in any and all volunteer activities and work for HfHNI, I hereby waive, release and discharge Habitat for Humanity of North Idaho, all members of its Board of Directors, its Officers, Employees, and agents, and other volunteers from any and all claims, demands, actions or causes of action of whatever nature which may arise out of my participation in volunteer activities and work for HfHNI, including, but not limited to, personal injury or property damage, whether due to their negligence or any other cause.

HfHNI screens all potential volunteers on the National Sex Offender Public Registry. By completing and signing this form, you are submitting to such inquiry.

I also hereby grant and convey unto Habitat for Humanity of North Idaho all right, title, and interest in any and all photographic images and video or audio recordings made of myself (and child if under 18) during my activities with HfHNI for use in social and print media.

This agreement shall bind me, my heirs, assigns, legal guardians, and personal representatives.

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____ PHONE _____

E-Mail address _____

VOLUNTEERS AGE 18 AND OVER:

I have read this document, understand its contents, and accept the terms of this agreement.

SIGNATURE _____ **DATE** _____

VOLUNTEERS AGE 14 – 17: *I have read this document, understand its contents, and accept the terms of this agreement.*

SIGNATURE _____ **DATE** _____

I am the parent or guardian of the youth participant who has signed above and who is under 18 years of age. I have read this document, understand its contents, and accept the terms of this agreement.

SIGNATURE _____ **DATE** _____

EMERGENCY CONTACT INFORMATION: NAME _____

PHONE: _____ RELATIONSHIP TO PARTICIPANT _____