



VOLUNTARY WAIVER AND RELEASE OF LIABILITY BACKGROUND CHECK AUTHORIZATION

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.

I, _____ (*please print*), desire to work as a volunteer for Habitat for Humanity of North Idaho. I understand that permission has been granted to me by the Board of Habitat for Humanity of North Idaho to work at the designated work sites. I understand that all volunteer activities, including volunteer work at Habitat for Humanity of North Idaho 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.

In consideration of my being permitted to participate in any and all volunteer activities and work for Habitat for Humanity of North Idaho, 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 Habitat for Humanity of North Idaho, including, but not limited to, personal injury or property damage, whether due to their negligence or any other cause. Lastly, I understand that Habitat for Humanity screens all potential volunteers, staff (whether paid or unpaid), board members, and applicant families through the National Sex Offender Public Registry. By completing this waiver I am 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 Habitat for Humanity of North Idaho.

This agreement shall bind me, my heirs, assigns, legal guardians, and personal representatives. Please sign and return this document along with community service documents issued by agency requiring your community service if applicable.

FULL NAME	
ADDRESS	
CITY, STATE, ZIP	
E-MAIL ADDRESS	
PHONE	
Emergency Contact	Phone Number
I have read this document, understand its contents, and accept the terms of this agreement.	
Signature of Participant:	Date:
<p><u>Youth 14 to 17</u> 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.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Parent/Guardian _____ Date</p>	