



Age Restriction: Minimum is age 16, with guardian signature

First Name _____ Last Name _____ Date of
Birth _____ (MM/DD/YY) Gender ____M ____F
Address _____ City
_____ State _____ Zip _____ Phone _____
E-Mail _____
Occupation _____
Employer/School _____

First time volunteering with Habitat for Humanity of Broward? ____Yes ____ No

Are you volunteering as a part of a group? ____Yes ____No

Group Name _____

Emergency Contact _____ Relationship _____ Phone

Medical Conditions/Allergies _____



Release and Waiver of Liability

This is a legal document which affects your legal rights. The Volunteer desires to work as a volunteer for Habitat for Humanity of Broward, Inc. ("Habitat") and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings and/or working in the Habitat office. The Volunteer does hereby freely and without duress execute this Release under the following terms:

WAIVER AND RELEASE. The Volunteer does hereby release and forever discharge and hold harmless Habitat and its successor and assignees from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise of may hereafter arise from the Volunteer's work for Habitat. The Volunteer understands and acknowledges that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damages that may result from the Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. The Volunteer also understands 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.

MEDICAL TREATMENT. Except as otherwise agreed to by Habitat in writing, the 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 work for Habitat. The Volunteer further authorizes Habitat to obtain necessary medical attention in the event of accident or illness to the Volunteer while on the Habitat worksite or in the Habitat offices.

PHOTOGRAPHIC RELEASE. The Volunteer does hereby forever release, grant and convey to Habitat all benefits derived from the use and distribution of any and all photographs and/or video and/or audio recordings taken of them or their dependents during the Volunteer's work for Habitat, including but not limited to, any royalties, proceeds, or other benefits derived specifically or generally from such photographs or recordings, and does hereby release and forever discharge and hold harmless Habitat and its successor and assignees from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the use by Habitat of such photographic, video or auditory recordings.

ASSUMPTION OF THE RISK. The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including but not limited to construction, loading and unloading and transportation to and from the worksites. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's work for Habitat.

INSURANCE. The 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.

OTHER. The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. 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 the Release which shall continue to be enforceable.

I hereby certify that the information here is accurate and hereby execute this Release.

Volunteer Signature _____ Date _____ Signature of
Parent/Guardian _____ Date _____