

Witness: Name (please print): _____

6665 Busch Blvd, Columbus, OH 43229 Fax: 614-753-4218 Phone: 614-422-4828

IMPORTANT: Each volunteer must have a signed "Release and Waiver of Liability" on file before volunteering.

Release and Waiver of Liability PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!				
This Release and Waiver of Liability			, 20,	,
Habitat for Humanity International, I officers, trustees, employees, volunt	nc., and any other Habitat for Hu			
I, the Volunteer, desire to work as a volunteer ("Activities"). I understand offices or Habitat for Humanity ReS provided; constructing and rehabilitation	d that my Activities may include be to the total total to the total tota	out are not limited to the from work sites, towns, o	following: working in For cities; consuming fo	labitat for Humanity
I, the Volunteer, hereby freely, volun	ntarily and without duress execut	e this Release under the	following terms:	
Release and Waiver. I, the Volunte successors and assigns from any a may have or which may hereinafter arise or may hereafter arise from or part by the simple negligence, fault Parties or of other volunteers.	nd all liability, claims and demand accrue with respect to any bodily is in any way related to my Activ	ds which I or my heirs, a v injury, personal injury, ities with any of the Rele	ssigns, next of kin or lillness, death or prope eased Parties, whethe	egal representatives rty damage which r caused wholly or in
I understand and acknowledge that also understand that the Released I assistance, including but not limited	Parties do not assume any respo	nsibility for or obligation	to provide financial as	sistance or other
Medical Treatment. I, the Voluntee whatsoever which arises or may he with any of the Released Parties.				
Assumption of the Risk. I, the Vo not limited to, the following: construction mold, which may cause or worsen of time, or have a pre-existing immune of criminal activities, inclement wear	ction; loading and unloading; travertain illnesses, especially if I do e system deficiency. I further und	rel to and from the work not wear protective equ lerstand I may be traveli	sites; and exposure to lipment, am exposed for ng to and from location	lead, asbestos, and or extended periods of
I hereby expressly and specifically a any loss, cost, expense, injury, illne				ties from all liability for
Insurance. I, the Volunteer, unders under no obligation to provide, carry Volunteer is expected and encourage	or maintain health, medical, trav	el, disability or other ins	surance coverage for a	ny Volunteer. Each
Photographic Release. I, the Voluinterest in any and all photographs a during my Activities with the Releas purpose and to any royalties, proceedings.	and video or audio recordings of ed Parties, including, but not limi	or including my image o ted to, the right to use s	r voice, made by any o	of the Released Parties
Other. I, the Volunteer, expressly a where the Activities take place. I fur court of competent jurisdiction, the i this Release, which shall continue to other right.	ther agree that in the event any on the revent any on the revent any of such clause or provise.	clause or provision of this ion shall not otherwise a	s Release shall be hel affect the remaining cla	d to be invalid by any auses or provisions of
To express my understanding of an	d agreement with this Release, I	sign here with a witness	s.	
Volunteer: Name (please print):		Signature:X		
Address:				
E-mail:		Date of	of Birth:	
Phone: (Home)	(Cell)	(Work	k)	

_ Signature: __