# Release and Waiver of Liability

# **ADULT 2021**

	PLEASE PRI	<u> </u>	
This Release and Waiver of Liability (the	, (the "Volunt	eer") in favor of Habitat for	Humanity International, Inc., a
nonprofit corporation, and Habitat for Hudirectors, officers, employees (collective	imanity North Central Mass	achusetts, Inc., a Massach	usetts nonprofit corporation, its
The Volunteer desires to act as a volunteer funderstands that the Activities may include confector or warehouse.			
The Volunteer does hereby freely, voluntarily	and without duress execute t	his Release under the followin	g terms:
<b>RELEASE AND WAIVER.</b> Volunteer does he from any and all liability, claims and demand Volunteer's Activities with Habitat.			
Volunteer understands and acknowledges th have against Habitat with respect to any bod Activities with Habitat, whether caused by the understands that Habitat does not assume a not limited to medical, health or disability insu	ily injury, personal injury, illnes e negligence of Habitat or its o ny responsibility for or obligati	es, death or property damage officers, directors, employees, on to provide financial assistan	that may result from Volunteer's or agents or otherwise. Volunteer also
<b>MEDICAL TREATMENT.</b> Volunteer does he hereafter arise on account of any first aid, tre			
ASSUMPTION OF THE RISK. The Volunteer Volunteer, including, but not limited to, const expressly and specifically assumes the risk of property damage resulting from the Activities	ruction, loading and unloading of injury or harm in these Activ	and transportation to and from	n the work sites. Volunteer hereby
<b>INSURANCE</b> . The Volunteer understands th medical, or disability insurance coverage for		d to by Habitat in writing, Habi	tat does not carry or maintain health,
Each Volunteer is expected and encouraged	to obtain his or her own medi-	cal or health insurance covera	ge.
PHOTOGRAPHIC RELEASE. Volunteer doe images and video or audio recordings made proceeds or other benefits derived from such	by Habitat during the Voluntee		
<b>OTHER</b> . Volunteer expressly agrees that this of Massachusetts, and that this Release sha Massachusetts. Volunteer agrees that in the competent jurisdiction, the invalidity of such continue to be enforceable.	If be governed by and interpre event that any clause or provi	ted in accordance with the law sion of the Release shall be h	s of the Commonwealth of eld to be invalid by any court of
Please check box to confirm that you have	ve received on-site basic safety	instruction	
IN WITNESS WHEREOF, Volunteer has exe	ecuted this Release as of the d	lay and year first above writter	1.
SIGNATURE Volunteer:		_Witness:	
Emergency Information		PLEASE PR	NT CLEARLY!!!
In case of emergency please contact:			
Name:		Relationship:	
Phone (home):	(work):	(cell)_	
Street:		City:	State:



### **Volunteer Contact Information**

### **PLEASE PRINT CLEARLY**

Name:			 	
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Address:			 	 
Town:				
State:				
Zip:				
Phone:	(home):			 
	(cell):	 	 	 
	(work):			 
Date of Birth	:			 
F-Mail Addre	vee:			