Release and Waiver of Liability

ADULT 2022

PLEASE PRINT

	PLEASE PRI	<u>N I</u>	
This Release and Waiver of Liability (t	, (the "Volun	teer") in favor of Habitat for	Humanity International, Inc., a
nonprofit corporation, and Habitat for l directors, officers, employees (collecti		sachusetts, Inc., a Massach	usetts nonprofit corporation, its
The Volunteer desires to act as a voluntee understands that the Activities may include ReStore or warehouse.			
The Volunteer does hereby freely, volunta	rily and without duress execute	this Release under the following	ng terms:
RELEASE AND WAIVER. Volunteer does from any and all liability, claims and dema Volunteer's Activities with Habitat.			
Volunteer understands and acknowledges have against Habitat with respect to any b Activities with Habitat, whether caused by understands that Habitat does not assume not limited to medical, health or disability in	odily injury, personal injury, illne the negligence of Habitat or its any responsibility for or obligat	ess, death or property damage officers, directors, employees, ion to provide financial assista	that may result from Volunteer's or agents or otherwise. Volunteer also
MEDICAL TREATMENT. Volunteer does hereafter arise on account of any first aid,			
ASSUMPTION OF THE RISK. The Volunt Volunteer, including, but not limited to, cor expressly and specifically assumes the ris property damage resulting from the Activit	nstruction, loading and unloadin k of injury or harm in these Activ	g and transportation to and fro	m the work sites. Volunteer hereby
INSURANCE . The Volunteer understands medical, or disability insurance coverage f		ed to by Habitat in writing, Habi	tat does not carry or maintain health,
Each Volunteer is expected and encourag	ed to obtain his or her own med	lical or health insurance covera	age.
PHOTOGRAPHIC RELEASE. Volunteer of images and video or audio recordings made proceeds or other benefits derived from su	de by Habitat during the Volunte		
OTHER . Volunteer expressly agrees that to of Massachusetts, and that this Release s Massachusetts. Volunteer agrees that in the competent jurisdiction, the invalidity of succontinue to be enforceable.	hall be governed by and interprone event that any clause or prov	eted in accordance with the law rision of the Release shall be h	vs of the Commonwealth of eld to be invalid by any court of
Please check box to confirm that you h	nave received on-site basic safety	instruction	
IN WITNESS WHEREOF, Volunteer has e	executed this Release as of the	day and year first above writte	n.
SIGNATURE		NACC.	
Volunteer:		_vvitness:	
Emergency Information		PLEASE PR	INT CLEARLY!!!
In case of emergency please contact:			
Name:		Relationship:	
Phone (home):	(work):	(cell)	
Street:		City:	State:



Volunteer Contact Information

PLEASE PRINT CLEARLY

Address: Town: State:	Name:				
Town: State: Zip: Phone: (home):					
State:	Address:		 	 	
State:					
Zip: Phone: (home): (cell): (work):	Town:		 	 	
Zip: Phone: (home): (cell): (work):	State:				
Phone: (home):	otate.				
(cell):	Zip:				
(cell):					
(work):Date of Birth:	Phone:	(home):	 	 	
(work):Date of Birth:		(cell).			
Date of Birth:		(0011).		 	
Date of Birth:		(work):	 		
E Mail Address	Date of Birt	h:	 	 	
		rocc:			