



PLEASE READ CAREFULLY. PLEASE PRINT LEGIBLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

2017 VOLUNTEER RELEASE AND WAIVER OF LIABILITY FOR ADULTS (AGE 18 AND ABOVE)

Volunteer's Name: _____ DOB _____
(mo/day/yr)
Mailing Address: _____
_____ Zip _____

For Office Use Only	
SF	___/___/17 By ___
E-list	___/___/17 By ___
L/W	___/___/17 By ___

Phone Numbers: (h) _____ (w) _____ (c) _____

By supplying an email address you will be included in periodic email blasts about volunteer needs and upcoming Habitat events. Email Address: _____@_____

If at any time you wish to unsubscribe from these communications, please follow the unsubscribe information contained in the emails. We will not share, sell or "loan" our email lists to anyone outside the Affiliate.

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this ____ day of _____, 2017, by _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc, a nonprofit corporation, and Habitat for Humanity-Anchorage, an Alaska nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat office, working in the Habitat ReStore, living in housing provided for volunteers of Habitat, and other sponsored activities that may include, but are not limited to, traveling to and from other towns, recreational activities, consuming food, and living in accommodations available and provided in other towns. The Volunteer understands that there are hazards and risks to person and personal property in constructing and rehabilitating residential buildings, working in the Habitat office, working in the Habitat ReStore, living in housing provided for volunteers of Habitat, traveling to and from other towns, recreational activities, consuming food, and living in accommodations available and provided in other towns, and that the hazards may occur from the actions of other volunteers, or actions of Habitat, its directors, officers, employees, and agents.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat.



Volunteer Release and Waiver of Liability for Adults (Age 18 and above)

Volunteer understands 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 damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that 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: 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 Activities with Habitat.

Assumption of the Risk: The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

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.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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

The Volunteer intends this Release to be in effect each and every time Volunteer participates in Activities during the year 2017, without signing a new Release.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer's Signature:

Signature of Witness:



Volunteer Release and Waiver of Liability for Adults (Age 18 and above)

PLEASE PRINT LEGIBLY

In case of emergency, please contact:

Name: _____

Relationship: _____

Address: _____

_____ Zip _____

Phone: (home) _____

(work) _____

(cell) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:

Allergies (**Medicine**, food, etc.): _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other: _____

Personal Doctor:

Name: _____

Address: _____

Phone: _____

Health Insurance Coverage:

Company: _____

Policy Number: _____

Insurance Agent: _____

Our **Partner Families** are able, thanks to **Habitat** and **you**, to help build their own home and then be able to purchase it at cost with a no-interest mortgage. A decent, affordable place to live is life changing for our families. **Thank you** for helping Habitat for Humanity Anchorage work to achieve our mission to eliminate substandard housing in Anchorage, Alaska, and make adequate housing a matter of conscience and action.