



Please fill out required information.

## Release and Waiver of Liability For Minor Volunteer Age 17 and under

This Release and Waiver of Liability (the "Release") executed on \_\_\_\_\_ 2017, by \_\_\_\_\_, a minor child (the "Volunteer"), and the parent/guardian of the Volunteer (the "Guardian"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of Bergen County, Inc., a New Jersey nonprofit corporation, their directors, officers, employees, and agents (collectively "Habitat").

The Volunteer and Guardian desire that the volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices and living in housing provided for volunteers of Habitat.

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

1. **RELEASE AND WAIVER.** Volunteer and Guardian do 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 and Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to 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 and Guardian understand 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.

It is the policy of Habitat that children under the age of 16, not be allowed on a Habitat worksite while there is construction in progress. It is further the policy of Habitat that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

2. **MEDICAL TREATMENT.** Volunteer and Guardian do 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 or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. **ASSUMPTION OF THE RISK.** The Volunteer and the Guardian understand that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transporting to and from the work sites.  
 Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in the Activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.
  
4. **INSURANCE.** The Volunteer and Guardian understand 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*
  
5. **PHOTOGRAPHIC RELEASE.** Volunteer and Guardian do 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, royalties, proceeds, or other benefits derived from such photographs or recordings.
  
6. **OTHER.** Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Volunteer and Guardian 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.

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

VOLUNTEER SIGNATURE: \_\_\_\_\_

VOLUNTEER NAME: \_\_\_\_\_  
 (Please print legibly)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_  
 (Please print legibly)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ (xx/xx/xxxx)

GROUP NAME: \_\_\_\_\_  
 (If applicable)



**YOUTH VOLUNTEER ACKNOWLEDGEMENT**

I acknowledge receipt of the Habitat for a Humanity of Bergen County's Procedures for Construction Volunteers. I have read and understood the rules, regulations and suggestions contained in this booklet. I will comply with them as a condition of my volunteer work at the site.

I understand that my work as a volunteer on a Habitat construction site or project will expose me to risks of injury or illness. I understand and assume those risks and agree not to hold Habitat for Humanity of Bergen County Inc., its agents, employees or volunteers liable for such injury or illness.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_

**THIS FORM MUST BE BROUGHT TO THE JOB SITE  
EACH AND EVERY TIME THE MINOR IS ON THE JOB SITE**

Volunteer Name: \_\_\_\_\_

Allergies (medicine, food, etc.): \_\_\_\_\_

Any special dietary needs: \_\_\_\_\_

List any medication being taken: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Physical impairments: \_\_\_\_\_

Other: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_

Phone # of insurance carrier: ( ) \_\_\_\_\_ Group Policy #: \_\_\_\_\_

Insurance Identification #: \_\_\_\_\_

In case of Emergency, Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please review and sign the reverse side and bring with you on the day of volunteering.**

THIS FORM MUST BE BROUGHT TO THE JOB SITE  
**EACH AND EVERY TIME** THE MINOR IS ON THE JOB SITE

## Parental Authorization For Treatment of a Minor

I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I hereby authorize and appoint Habitat for Humanity of Bergen County's Site Supervisor, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity of Bergen County, Inc., as my agent to act for me with respect to my minor child, \_\_\_\_\_, and in my name in any way I could act to make any and all decisions for me with respect to my minor child, \_\_\_\_\_, concerning my minor child's personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, including x-ray examination, anesthetic, medical or surgical diagnosis of treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Witness \_\_\_\_\_ Parent/Guardian \_\_\_\_\_