



Delaware County Habitat for Humanity Volunteer Waiver form for Minors

Release from liability waiver—Assumption of Risk Agreement:

Building construction is a dangerous occupation. Even professionals suffer occasional injury. Workers compensation rates for paid construction workers are very high. But as a volunteer, you are not covered by workers compensation insurance, nor does Habitat have liability coverage for injury of volunteers. We ask that all volunteers accept full responsibility for their own safety.

FOR MINORS:

I am giving permission for my dependent(s) to work on a Habitat site and/or at the ReStore.

WAIVER OF LIABILITY:

(To be read and signed by all persons intending to do volunteer work for Delaware County Habitat for Humanity, Inc.)

I acknowledge that I or my dependent(s) has/have voluntarily applied to participate with Delaware County Habitat for Humanity, Inc., without pay as a volunteer and not as a consumer in the construction and other activities in Delaware County, Ohio. I understand that these activities are not conducted in the lease or sale of goods or services.

I or my dependent(s) am/are aware that construction is a hazardous activity. I am voluntarily participating in the activities of construction or work in the ReStore, which include, but are not limited to, the construction of residential buildings, loading and unloading materials, painting, finishing, framing, transportation to and from building sites, and other related activities, with the knowledge that medical facilities may not be available in the event of illness or injury to myself or my dependents. This release is intended to be broad in its effect. I hereby agree to accept any and all risk of injury, illness or death, and verify this statement by placing my signature below.

As consideration for being permitted to participate in these activities and use their tools and facilities, I hereby agree that I, any assignees, heirs, guardians and legal representatives will not make a claim against, sue or attack the property of Habitat, its directors, officers, agents, employees, volunteers, suppliers, contractors or subcontractors for injury, illness or damage

resulting from negligent, intentional or other acts. I hereby release Habitat from all actions, claims, or demands that I, or my representatives, now have or may hereafter have, for injury, death or damage resulting from my participation in Habitat activities.

I or my dependent(s) have carefully read this assumption of risk, release of Habitat and agreement and I or my dependent(s) fully understand its contents. I am aware that this is a release of liability and a legal contract between me and Habitat and that it affects my legal rights. I am signing this document of my own free will

I understand that Delaware County Habitat for Humanity, Inc., cannot be liable for any injuries or illness that I or my dependent(s) may suffer. I expressly waive any such claim for compensation or liability on the part of Delaware County Habitat for Humanity, Inc., beyond what may be offered freely by the representative of Habitat, Inc., in the event of such injury or medical expense.

Minor Volunteer _____

Address: _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Signature _____

Group or Organization _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Signature of Parent/Guardian (if a minor) _____

Date signed: _____