



Release and Waiver of Liability
For Volunteers under the Age of 18

Please bring to site on the scheduled workday. Please do not send this form to the office. This form is available online at www.habitatgoldsboro.org

Note: Children under the age of 16 are not allowed on a Habitat construction site for any reason.

Dear Volunteer:

We appreciate your child's interest in volunteering with Habitat for Humanity of Goldsboro- Wayne County. Habitat volunteers perform the majority of all labor done on our homes. This translates into a considerable cost savings, helping to provide affordable housing for families in need. While we take every precaution to ensure a safe, enjoyable work experience for our volunteers, construction sites do present certain dangers. Habitat relies on mature, responsible volunteers, capable of working with minimum supervision.

Accordingly, it is our policy to require the execution of this Consent Waiver of Liability Form by a parent or guardian of volunteers under the age of 18. Please acknowledge your consent and agreement to the following by signing below:

I am the parent and/or legal guardian of _____.

Full name of Volunteer

He/she has my permission to work as a volunteer with Habitat for Humanity of Goldsboro-Wayne County. I understand that if my child is 16, then he/she may work on the construction site or in the ReStore with adult supervision. I understand that if my child is between the age of 13 and 16, then he/she may work in the Restore with a parental supervisor.

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 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 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.

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.

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, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Sex Offender and Criminal Background Check. Habitat for Humanity of Goldsboro-Wayne reserves the right to check the sex offender registry, and criminal background checks will be conducted for all volunteers working eight or more hours each month and/or has contact with vulnerable populations such as children, the elderly, or persons with disabilities. Habitat reserves the right to recheck sex offender and criminal status, as well as the right to refuse volunteers appearing on the database at anytime during the volunteer's service.

Volunteer Information: PLEASE PRINT CLEARLY!

Date

Printed Name of Parent / Guardian

Printed Name of Minor

Signature of Parent / Guardian

Date of Birth of Minor

Address

City

State

Zip

Home Phone ()

Work Phone ()

Cell Phone ()

E-mail Address

Organization

Emergency Contact Name

Emergency Contact Phone Number