

## Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_, by \_\_\_\_\_, (the "Volunteer") in favor of Habitat for Humanity of Freeborn/Mower, Inc., a Minnesota nonprofit corporation, its 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 Volunteer understands that the activities may include constructing and rehabilitating residential buildings, working in the Habitat office and living in housing provided for volunteers of Habitat.

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

**1. Waiver and Release.** 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 involvement with Habitat.

Volunteer understands and acknowledges that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, illness, death or property damage that may result from Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by Habitat in writing, 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.

**2. Medical Treatment.** Except as otherwise agreed to by Habitat in writing, Volunteer does hereby release and forever discharge Habitat from any claim whatsoever that arise or may arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for Habitat.

**3. Assumption of the Risk.** The Volunteer understands that the work may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading and transportation to and from the work sites. In connection thereto, Volunteer recognizes and understands that activities of Habitat may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all injury, illness, death or property damage resulting from the activities of the Volunteer's work for Habitat.

**4. 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.**

**5. 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 work for Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

**6. Other.** Volunteer expressly agrees that this Release is intended to be as broad and inconclusive as permitted by laws of the State of Minnesota, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Minnesota, 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.

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

\_\_\_\_\_  
Witness:

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

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

Phone: (H) \_\_\_\_\_  
(W) \_\_\_\_\_



**Habitat  
for Humanity**<sup>®</sup>  
**FREEBORN/MOWER**

Office location: 800 7th Ave NE  
Mailing address: Po Box 28  
Austin, MN 55912  
Phone: 507-433-1349 or 1-800-300-1349  
Cell Phone: 507-438-9523  
Fax: 507-434-7661  
E-mail: [habitfnc@smig.net](mailto:habitfnc@smig.net)  
Web site: [www.smig.net/habitfnc](http://www.smig.net/habitfnc)



## Emergency Medical Information

**In case of emergency, please contact:**

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

Relation: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

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

\_\_\_\_\_

Medications being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

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

**Personal Physician:**

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

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

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Health Insurance Coverage:**

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Insurance agent: \_\_\_\_\_



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Web site: [www.smig.net/habitfnc](http://www.smig.net/habitfnc)



**United Way**  
United Way  
of Mower County