

Release and Waiver of Liability For Minors

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 _____, a minor child (the "Volunteer"), and _____, the parent having legal custody and /or the legal guardian of he volunteer (the "Guardian") in favor of Habitat for Humanity of Freeborn/Mower, Inc., a Minnesota nonprofit corporation, its directors, officers, employees and agents (collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer participate with Habitat and engage in the activities related to being a volunteer with them. The Volunteer and Guardian understands that the activities may include constructing and rehabilitating residential buildings, working in the Habitat office, being transported to and from work site locations, consuming food 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. Waiver and Release. 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 involvement with Habitat.

Volunteer and Guardian understands and acknowledges that this Release discharges Habitat from any liability or claim that the Volunteer or Guardian may have against Habitat with respect to any bodily injury, illness, death or property damage that may result from Volunteer's participation with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand 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 and Guardian do hereby release and forever discharge Habitat from any claim whatsoever that arise on account of any first aid, treatment or service rendered in connection with the Volunteer's participation with Habitat or with the decision by any representative or agent of Habitat to exercise the power 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 Guardian understands that the involvement 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, and that food, accommodations, and medical facilities may be donated to Habitat and beyond the control of Habitat. In connection thereto, Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in these activities and recognizes and understands that activities of Habitat may, in some situations, involve inherently dangerous 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 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 work for Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer and Guardian 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 and Guardian agree 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:

Witness:

Parent or Guardian

Witness:

Parent or Guardian

Address: _____

Phone: (H) _____

(W) _____



Habitat
for Humanity[®]
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
Web site: 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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United Way
United Way
of Mower County

Parental Authorization for Treatment of a Minor Child

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby Authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity – Freeborn/Mower, Inc. as my agent to act for me with respect to my minor child, _____, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, concerning my minor child’s personal care, medical treatment or procedure, including x-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advise 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 or Guardian

Witness

Parent or Guardian

This Parental Authorization for Treatment of Minor Child sworn to and subscribed before me by _____, and _____,
The Parent(s) or Legal Guardian(s) of _____, a minor child, this _____ day of _____, 200_____.



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