



150 North Oak Street, Ottawa, OH 45875 – 419-523-9621 – pcohhabitat@putnamohhabitat.org

Please print:
Name _____
Date _____

RELEASE AND WAIVER OF LIABILITY

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

PLEASE PRINT: Last Name _____ First Name _____

This Release and Waiver of Liability (the "Release") executed on this day of _____, 20____,
by _____ (the "Volunteer") in favor of Habitat for Humanity International,
Inc., a nonprofit corporation, and Putnam County Habitat for Humanity, Inc., an Ohio nonprofit corporation, their
directors, officers, employees, volunteers, 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
"Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential
buildings, working in the Habitat offices, consuming food donated for Habitat activities, and living in housing provided
for volunteers of Habitat.

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

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 does 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.

ASSUMPTION OF THE RISK. The Volunteer understands that the Activities include work that may be hazardous to the
Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work
sites. Also, Volunteer understands that food donated to Habitat is beyond the control of Habitat.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat
from all liability for injury, illness, death, or property damage resulting from the Activities.

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.



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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 Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. 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 has executed this Release as of the day and year first above written.
Witness:

Volunteer: (PLEASE PRINT) NAME _____

SIGNATURE _____

ADDRESS _____

PHONE(S) _____

EMAIL _____

Witness: (PLEASE PRINT) NAME _____

SIGNATURE _____

ADDRESS _____



Volunteer _____

Initial Date _____

Entered _____

About You

Your Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

In case of emergency, please contact:

Emergency Contact Name _____

Relationship _____

Spouse, Father/Mother, Son/Daughter, Friend?

Address _____

Same?

Home Phone _____

Work Phone _____

Cell Phone _____

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

Medical Information

Allergies _____
Medicines, food, insect, plants

Medication _____

Last Tetanus Date _____

Physical Impairments _____

Other Pertinent Medical Information _____

Physician

Name _____

Address _____

Phone _____

Insurance

Company Name _____

Policy Number _____

Agent Name _____

Comments (optional): _____

