Putnam County Habitat for Humanity

Volunteer Information Release and Waiver of Liability

2019

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

This Release and Waiver of Liability (the "Release") is executed in favor of **PUTNAM COUNTY HABITAT FOR HUMANITY, HABITAT FOR HUMANITY INTERNATIONAL, INC.**, and any other Habitat for Humanity Affiliated organization, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers, and agents (collectively, "the Released Parties").

I, the Volunteer, desire to work as an unpaid volunteer for one or more of the Released Parties *without compensation* and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: constructing and rehabilitating residential buildings, working in Habitat for Humanity offices, traveling to and from Habitat worksites, and consuming food donated for Habitat activities and other work for the mission of Habitat.

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

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

- **RELEASE AND WAIVER.** I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands, costs and damages of any kind which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or are in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.
  I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm, damage and loss associated with the Activities. I also understand that the Released Parties do 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, illness, death or property damage.

- **CONSENT TO TRANSPORTATION AND MEDICAL TREATMENT.** I consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

- **INSURANCE.** I understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.
  I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses that may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

- **CONFIDENTIALITY:** I agree that in the course of my participation in the Activities, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

- **PHOTOGRAPHIC/RECORDING RELEASE:** I hereby grant and convey unto Habitat for Humanity International, Inc. all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings.

- **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

BACKGROUND CHECKS

Putnam County Habitat for Humanity reserves the right to screen all volunteers on the National Sex Offender Registry and perform criminal background checks. By completing this application, you are agreeing to such an inquiry.

OVER

Putnam County Habitat for Humanity is a 501(c)(3) organization incorporated and registered in the State of Ohio. Putnam County Habitat is an affiliate of Habitat for Humanity International. Documents of incorporation as well as a Whistle Blower's policy are on file in the office.

Putnam County Habitat for Humanity
150 North Oak Street, Ottawa, OH 45875
(419) 523-9621

I, the Volunteer, have carefully considered my decision; the benefits and risks involved and hereby give my informed consent to participate in all volunteer Activities. I have read and I understand this Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

To express my understanding of and agreement with this Release, I sign here ***with a witness***.

Please print clearly: **Today's Date** _____

Name (printed)_____ **Date of Birth**_____
First M.I. Last

Signature of Volunteer:_____ **Email** _____

Address_____ **Best Phone #**_____

City_____ **State**_____ **Zip Code**_____ **Other Phone** _____

I am at least 18 years old: ☐ Yes ☐ No **Returning Volunteer?** ☐ Yes ☐ No **Retired?** ☐ Yes ☐ No **Student?** ☐ Yes ☐ No

Putnam County Habitat for Humanity reserves the right to screen all volunteers on the National Sex Offender Registry and perform criminal background checks. By completing this application, you are agreeing to such an inquiry.

Witness:

SIGNATURE _____ *Please print name here*_____

In case of emergency, please contact:

Emergency Contact Name_____

Emer. Contact Relationship_____
Spouse, Father/Mother, Son/Daughter, Friend, etc.

Emer. Contact Address _____

_____

Emer. Contact's-Best Phone #_____

Emer. Contact's-Other Phone_____

Your Age Group: ☐ 18-49 ☐ 50-70 ☐ 70+

About you!

Allergies?_____
Medicines, food, insects, plants

Medications?_____

Last Tetanus Date?_____

Allergies?_____

Name of Medical Practitioner _____

Practitioner's Village or City?_____

Health Insurance Company _____

The information above may be needed in case of emergency:

Areas of interest

1. Are you volunteering as a result of court-ordered community service? _____ Yes _____ No
2. Are you volunteering for a school, service club, or place of employment? _____ Yes _____ No
   If yes, please answer the two questions below:
   a) *What school and/or organization prompted your interest in volunteering?*_____
   b) *How many service hours are needed?* _____ *To be completed by* _____

How would you like to get involved? ***(Check one or several)***

☐ **Construction:** *Please list specific skills or licenses*_____

☐ **Food Preparation** (lunch or snacks for work sites) ☐ **Office/Clerical**

☐ **Fundraising** ☐ **Special Events/Projects**

☐ **Committees:** ____ *Construction* ____ *Family Selection* ____ *Church Relations*
____ *Development* ____ *Family Support* ____ *Site Selection*

Revised 2017

Thank you for your interest in Putnam County Habitat for Humanity!