

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

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, a minor child (the "volunteer"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of Lincoln/Lancaster County, Inc., a Nebraska nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat. Additionally, volunteer agrees to be accompanied by parent or guardian on the construction at all times.

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

**Release and Waiver.** 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 Activities with Habitat.

Volunteer and Guardian understand 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, 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 and Guardian also understand 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.

It is the policy of Habitat that children under the age of 16 not be allowed on a Habitat worksite while there is construction in progress. It is further the policy of Habitat that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra-hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

**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.

**Assumption of the Risk.** The Volunteer and Guardian understand that the Activities may 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.

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

**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.

**Confidentiality.** Volunteer and Guardian agree that in the course of participation in the Activities, I may have access to personal and/or health care information of other persons. Volunteer and Guardian agree to maintain

the confidentiality of such information, to use such information only as necessary to the job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

**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.

**Background Check.** Lincoln/Lancaster County Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, applicant families, and key volunteers on the National Sex Offender Public Registry.

**Other.** The Volunteer hereby acknowledges and agrees that Volunteer's service is in no manner to be considered an employment relationship. Volunteer further agrees that he/she is in no way entitled to any benefits of employment, including workers' compensation.

Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Nebraska. 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 the Release as of the day and year first above written.

Volunteer Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Volunteer Address (complete): \_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to follow the Safety Guidelines through the course of my service with Lincoln/Lancaster County Habitat for Humanity of Lincoln

Volunteer: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACT FOR VOLUNTEER UNDER 18 YEARS OF AGE**

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

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

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_