



**RELEASE AND WAIVER OF LIABILITY (Youth Volunteer)**

**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 \_\_\_\_\_, **2021**,  
by \_\_\_\_\_ (Name) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Address) \_\_\_\_\_ (email) \_\_\_\_\_ (phone)  
\_\_\_\_\_ (Signature)

(the "Volunteer") in favor of Habitat for Humanity International, Inc., a non-profit corporation, and Monroe County Habitat For Humanity (MCHFH), a Pennsylvania non-profit corporation, their 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 "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

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

**Release and Waiver:** I, the volunteer 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 MCHFH 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.

Volunteers releases MCHFH to use photos/ videos of volunteer taken while engaged in MCHFH activities for use on MCHFH website and promotions.

**Medical Treatment,** I, the volunteer, do hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise because any first aid, treatment, or service rendered due to the Volunteer's Activities with Habitat.

Complete all requested information as indicated below. All information must be printed and **CLEARLY**.

**EMERGENCY CONTACT INFORMATION:**

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

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

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_



**Important:** If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, all parents or guardians must complete the “Parental Authorization for Treatment of, and Travel With, a Minor Child” on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

(Please complete all requested information as indicated below.)

**All Information should be PRINTED and Signed CLEARLY**

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

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

Witness Name: \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

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

Witness Name: \_\_\_\_\_ Signature \_\_\_\_\_

**IF APPLICABLE:**

School / Organization (no abbreviations, please)

\_\_\_\_\_

Host Affiliate Site (no abbreviations, please)

\_\_\_\_\_



## Dress Code and Safety Agreement

I \_\_\_\_\_ / (First – Last Name), understand that I will be Volunteering on an active Construction Site.

\_\_\_\_\_ (Initial) – I am required to arrive at the Construction worksite dressed appropriately.

- long pants
- closed leather shoes
- secured hair
- no loose jewelry

\_\_\_\_\_ (Initial) – I will follow direction of the Construction Supervisor to wear all recommended Personal Protective Equipment (PPE) at all times, when I am on site.

\_\_\_\_\_ (Initial) – I understand that the Construction Supervisor reserves right to ask Volunteer to leave the Construction Site.

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Signature

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Date



## Sex Offender Registry Check Policy

As a ministry, Monroe County Habitat for Humanity values the safety of children, our Employees, volunteers and the families we serve. We want to take prudent measures to protect our human and material resources.

Monroe County Habitat for Humanity requires that sex offender registry checks be conducted for all potential partner families, prior to approval. Habitat for Humanity of Monroe County requires board members, employees and key volunteers to have a sex offender registry check.

Any person who does not consent to a sex offender registry check will not be permitted to become a partner family, work and/or volunteer with Habitat for Humanity of Monroe County.

Monroe County reserves the right to recheck sex offender status at any time during the homebuilding process, course of employment and/or service.

I consent to MCHFH checking my name against the national sex offender registry.

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Print Name **Clearly**

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Signature

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Date of Birth

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Date