



Habitat for Humanity of Schenectady County, Inc.
Volunteer Release & Waiver of Liability (private and confidential)

VOLUNTEER NAME (please print) \_\_\_\_\_ Date: \_\_\_\_\_

GROUP NAME (IF VOLUNTEERING AS PART of a GROUP) \_\_\_\_\_

Volunteer Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

- 1. I have voluntarily applied to HABITAT FOR HUMANITY SCHENECTADY COUNTY to participate in activities related to their work.
2. I am aware that there is a certain amount of risk inherent in construction and other projects pertaining to the work done by Habitat for Humanity of Schenectady County.
3. As consideration for being permitted by Habitat to participate in these activities and use their tools and facilities, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives will not make claim against, sue, or attach the property of Habitat, or the suppliers of any tools or equipment I will use, for injury or damage resulting from my participation in any Habitat activities, and I hereby release Habitat from all actions, claims, or demands that I, my assignees, my heirs, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Habitat activities.
4. I hereby release and forever discharge Habitat from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with participation in Habitat's work.
5. I understand that although Habitat carries medical insurance for volunteers, it is considered secondary coverage and my own health insurance is primary coverage.
6. I agree that this Volunteer Agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of New York. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any other court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforced.
7. I hereby agree that Habitat may use my photographic image or likeness taken from my participation in any Habitat activities for any purpose including for us in promotional materials and on the Internet.

Contact in case of emergency

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ (C)(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency the nearest hospital to the site will be used.

By signing below, the Volunteer and/or, if applicable, the parent/guardian, has read this AGREEMENT and understand its contents. The Volunteer hereby freely, voluntarily, and without duress executes this AGREEMENT.

Signed at (city) \_\_\_\_\_, New York on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

Volunteer \_\_\_\_\_ (signature)

Parent/Guardian \_\_\_\_\_ (signature)
(If volunteer is under 18 years old)

Effective 2/12/09