



Volunteer Waiver

You must fill in this sheet before you can volunteer.

YOUR PRIVACY IS IMPORTANT; YOUR INFORMATION WILL ONLY BE USED BY HFH CABARRUS COUNTY TO INFORM YOU OF FUTURE OPPORTUNITIES WITH OUR AFFILIATE. Items with asterisks (\*) ARE required fields. Please complete legibly.

Project site: \_\_\_\_\_ Task: \_\_\_\_\_ Date: \_\_\_\_\_

\*Volunteering with (Group Name): \_\_\_\_\_ OR As an Individual

\*If applicable, may we have permission to use any photos of you from the work day in promotional material, on our website?

Yes  No

\*Name \_\_\_\_\_ \*Date of Birth: \_\_\_/\_\_\_/\_\_\_

Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone: ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home  Office  Cell

Phone: ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home  Office  Cell

\*Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

\*Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ \*Phone# ( \_\_\_ ) \_\_\_\_\_

Would you like to be on our mailing list? Yes  No

I would like more information about: Donating  Volunteering  Family Selection  ReStore

Demographic Information (used only for tracking purposes):

Donors and government agencies frequently request demographic information about our volunteers. Providing this information is greatly appreciated and completely VOLUNTARY.

Gender: \_\_\_ Male \_\_\_ Female

Age: \_\_\_ Under 16 \_\_\_ 16-18 \_\_\_ 19-25 \_\_\_ 26-35 \_\_\_ 36-45 \_\_\_ 46-55 \_\_\_ 56-65 \_\_\_ 65+

Race: \_\_\_ African-American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic/Latino \_\_\_ Native American \_\_\_\_\_ Other (please indicate)

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This Waiver and Release of Liability is executed by the undersigned volunteer in favor of Habitat for Humanity International, Inc., ("HFHI") a nonprofit corporation and Habitat for Humanity Cabarrus County, Inc., ("HFHCC") a nonprofit corporation of the state of North Carolina, their directors, officers, employees, volunteers and agents.

**VOLUNTEER'S WAIVER AND RELEASE OF LIABILITY**

I, the undersigned volunteer, hereby state that I desire to serve as a volunteer of HFHCC. I understand that as a volunteer my activities may include construction of residential buildings, administrative tasks in the office, retail tasks in the ReStore, and/or physical labor related to the construction warehouse for HFHCC. I have been made aware and understand that during my participation in such activities facilitated by HFHCC, I will be exposed to many risks and dangers. I hereby freely and voluntarily execute this Release under the following terms:

**Release.** I hereby release and forever discharge and hold harmless HFHI, HFHCC and its successors and assigns from any liability, claims or demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities with HFHCC.

I understand that this Release discharges HFHI and HFHCC from any liability or claim that I may have against HFHI or HFHCC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my activities with HFHCC whether caused by the negligence of HFHCC, its employees, volunteers or agents, or caused by some other means. Further, I hereby agree not to file suit against HFHI or HFHCC, its employees, or agents for claims arising from the travel to or participation in the volunteer activities.

I understand that the risks in participating activities with HFHCC include not only the foregoing physical injuries, but also impairment to my future abilities to earn a living, to engage in other business, and to participate in social and recreational activities. I understand that HFHI and HFHCC do not assume any responsibility for, or have any obligation to provide financial assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

In consideration of my being permitted to participate in volunteer activities, and as a condition of the right to participate in these activities, I PERSONALLY ASSUME ALL RISKS incident to any activities relating to travel to and participation in my volunteer activities.

**Insurance.** I understand that HFHCC has only limited medical liability insurance. I am solely responsible for ensuring that I have adequate insurance coverage for any injuries or damages sustained by me while participating in a Habitat project or service. I understand that at no time am I to be considered an "employee" of HFHCC, and I acknowledge and agree that any time I spend on a Habitat project is done on a completely voluntary basis.

**Photographic and Audio Visual Release.** As the volunteer, I do hereby grant and convey unto HFHCC all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during my volunteer activities with HFHCC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I have carefully read this document, fully understand its contents, and sign it voluntarily. I also state that I am competent to sign this document. This document shall bind each of us, my heirs, executors, administrators and personal representatives.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with state laws. In the event that any clause or provision of this Release shall be held invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions in this Release.

This Release shall remain in effect for one year from date of signature and will apply to all volunteer activities within that year.

\*Signature of Volunteer: \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Printed Name: \_\_\_\_\_