



Youth Volunteer Waiver and Sign-in Sheet

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 or on our website? Yes  No

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

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

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

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

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

\*Email Address: \_\_\_\_\_  
(Needed for our volunteer management system)

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

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

Can you be notified on short notice if there are additional volunteer needs? 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

Race: \_\_\_African-American \_\_\_Asian \_\_\_Caucasian \_\_\_Hispanic/Latino \_\_\_Native American \_\_\_\_\_Other (please indicate)

HABITAT FOR HUMANITY OF CABARRUS COUNTY, INC

This Waiver and Release of Liability is executed by the undersigned volunteer and his or her parent or guardian ("We") 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

We hereby state that the undersigned volunteer desires to serve as a volunteer of HFHCC. We understand that volunteer 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. We have been made aware and understand that during participation in such activities facilitated by HFHCC, volunteers will be exposed to many risks and dangers. We hereby freely and voluntarily execute this Release under the following terms:

Release. We 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.

We understand that this Release discharges HFHI and HFHCC from any liability or claim that we 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, we 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.

We understand that the risks in participation include not only the foregoing physical injuries, but also impairment to future abilities to earn a living, to engage in other business, and to participate in social and recreational activities. We 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 being permitted to participate in volunteer activities, and as a condition of the right to participate in these activities, WE PERSONALLY ASSUME ALL RISKS incident to any activities relating to travel to and participation in my volunteer activities.

Insurance. We understand that HFHCC has only limited medical liability insurance. We are solely responsible for ensuring that the volunteer has adequate insurance coverage for any injuries or damages sustained by the volunteer during volunteer activities. We understand that at no time is the volunteer to be considered an "employee" of HFHCC, and we acknowledge and agree that any time spent on a Habitat project is done on a voluntary basis.

Photographic and Audio Visual Release. As the volunteer and guardian, we 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 volunteer activities with HFHCC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Volunteer Age Requirement. We understand that youth under the age of 16 are not permitted on the job site while construction work is in process. We further understand that 16 - 17 year olds may perform general construction, but may not engage in activities that are considered ultra-hazardous. These include the use any power tools, motor vehicles, demolition, roofing or working from a height six feet or more and excavation operations.

We have carefully read this document, fully understand its contents, and sign it voluntarily. I state that I am the parent or legal guardian of the undersigned volunteer and that the volunteer is under 18 years old but at least 14 years old. We also state that we are competent to sign this document. This document shall bind each of us, my heirs, executors, administrators and personal representatives.

We 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.

Volunteer: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_
Printed Name Signature DOB

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_
Printed Name Signature