



# Emergency contact information

Date of application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Your name \_\_\_\_\_

**! IN CASE OF EMERGENCY, PLEASE CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
ZIP/Post code \_\_\_\_\_ Country \_\_\_\_\_  
Day phone \_\_\_\_\_ Cell \_\_\_\_\_ Night phone \_\_\_\_\_

**The following information may be needed by any hospital or medical practitioner not having access to your medical history.**

Allergies to medicine, food, etc. \_\_\_\_\_  
\_\_\_\_\_  
List all medications \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_  
Physical impairments \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**+ PERSONAL PHYSICIAN**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Post code \_\_\_\_\_  
Day phone \_\_\_\_\_ Night phone \_\_\_\_\_

**+ PERSONAL HEALTH INSURANCE COVERAGE**

Company \_\_\_\_\_ Policy number \_\_\_\_\_  
Insurance agent \_\_\_\_\_ Agent's phone \_\_\_\_\_

# RV Care-A-Vanner release and waiver of liability

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**



**IMPORTANT:** Each participant must have a signed "release and waiver of liability" on file. Please complete this form and bring completed hard copy to host affiliate. Please print all information in blanks provided.

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, (the "Volunteer"), in favor of Habitat for Humanity International Inc., a nonprofit corporation existing under the laws of the State of Georgia, USA, [insert name of local affiliate if applicable], and any other Habitat for Humanity affiliated organizations, [insert any additional parties if applicable], and their directors, officers, trustees, employees, volunteers and agents (collectively, "Habitat and Partners").

I, the Volunteer, desire to work as a volunteer for Habitat and Partners and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in the Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; constructing and rehabilitating residential buildings; painting and landscaping properties; and other construction-related activities.

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

- 1. Release and Waiver.** I, the Volunteer, do hereby release and forever discharge and hold harmless Habitat and Partners and their 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 my Activities with Habitat and Partners.

I understand and acknowledge that this Release discharges Habitat and Partners from any liability or claim that I may have against Habitat and Partners with respect to any bodily injury, personal injury, illness, death or property damage that may result from my Activities with Habitat and Partners, whether caused by the negligence of Habitat and Partners or their officers, directors, employees, agents or otherwise. I also understand that Habitat and Partners do 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, illness, death or property damage.

It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on a Habitat for Humanity work site while construction is in progress. It is further the policy of Habitat for Humanity 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.

- 2. Medical Treatment.** I, the Volunteer, do hereby release and forever discharge Habitat and Partners from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with Habitat and Partners.

If the Volunteer is less than 18 years of age (a "minor"), the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge Habitat and Partners from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of Habitat and Partners to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

- 3. Assumption of the Risk.** I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites;

and exposure to lead, asbestos and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of Habitat and Partners to not pay ransom or make any other payments to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release Habitat and Partners from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

- 4. Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by Habitat and Partners in writing, Habitat and Partners are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.
- 5. Photographic Release.** I, the Volunteer, do hereby grant and convey unto Habitat and Partners all right, title and interest in any and all photographic images and video or audio recordings made by Habitat and Partners during my Activities with Habitat and Partners, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, USA, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia, USA. I further agree that in the event 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 clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of this Release, I sign here with a witness.

**Volunteer:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Witness:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_