PLEASE COMPLETE LEGIBLY



Poplar Grove 2015

Habitat for Humanity of the St. Vrain Valley P.O. Box 333, Longmont, CO 80502 303-682-2485

Volunteer Information Sheet

Volunteer: (Please print): First Name:
Address: Street Address: City: State: Zip Code: City: State: City: Code: City:
Phone: Home: Cell:
E-mail: Required
Date of Birth: / / / / Required
Group or Affiliation(s):(Church, school, business, etc.)
Emergency Contact: Required First Name:
Phone:
Habitat for Humanity is supported by a grant by Thrivent Financial for Lutherans
Are you Lutheran? Yes No
Are you a member of Thrivent Financial? Yes No

Witness: Name: _

(PLEASE PRINT)



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Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

(PLEASE PRINT) Please wait to sign at the Habitat site in presence of Habitat Personnel with	iess.
(PLEASE PRINT)	
Volunteer: Name: Signature:	
Walandaan Nama	
To express my understanding of and agreement with this Release, I sign here with a witness.	
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 when Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competiturisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.	etent
Photographic Release. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., all right, title and international and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activitic Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds benefits derived from them.	es with the s or other
Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are un obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.	
I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for a expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.	ny loss, cost,
I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visit understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weath circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties to not pay ransom or mapayments to secure the release of hostages.	ner or other
Assumption of the Risk. I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but no the following: construction; loading and unloading; travel to and from the work sites; and exposure to lead, asbestos, and mold, which may calcertain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune sy deficiency.	use or worse
If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer ("Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such per granted and authorized in a Parental Authorization for Treatment of a Minor Child.	on account of
Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever we may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.	
It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in conswork, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.	
I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but medical, health or disability insurance in the event of injury, illness, death or property damage.	
Release and Waiver. I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successor from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may here with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than grossly negligent conduct, of any of the Released Parties or of other volunteers.	inafter accru related to m
I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:	
I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Hum	nanity ReStor
(Day) (Month) (Volunteer Name) (the "Volunteer"), in favor of Habitat for Humanity of the St. Vrain Valley, Habitat for Humanity International, Inc., and any other Habitat faffiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties")	
This Release and Waiver of Liability (the "Release") is executed on this day of, 2015, by	

Signature: __