1. **Fill in the Form.**
2. **Save to your computer.**
3. **Email to vol-email@habitatsoco.org**

# Release and Waiver of Liability – Adult

Today's Date _____

Volunteer Name _____

Company Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

This Release and Waiver of Liability (the "Release") executed on this _____ (day) of _____(month), 20___ (year), by_____, (the "Volunteer"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation and Habitat for Humanity of Sonoma County, a California nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat"). The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to be a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings and working in the Habitat offices.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Release and Waiver**. Volunteer does hereby release and forever discharge and hold harmless Habitat and its 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 Volunteer's Activities with Habitat.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does 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 or illness.

**Civil Code § 1542 Waiver.** Volunteer hereby acknowledges that there is a risk that subsequent to the execution of this Release, he or she may incur, suffer, or sustain injury, loss, damage, expenses, or any of these, which are in some way caused by and/or connected with the persons, entities and/or matters

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# Release and Waiver of Liability – Adult

released herein, or which are unknown and unanticipated at the time this Release is signed, and/or which are not presently capable of being ascertained. Volunteer further acknowledges that there is a risk that such damages as are known may become more serious than they now suspect. Nevertheless, Volunteer acknowledges that this Release has been negotiated and agreed upon with full knowledge of those risks, and hereby expressly waives all rights they now have or may in the future have in such unknown or unsuspected claims. In so doing, Volunteer acknowledges that he or she has had the opportunity to consult counsel, and has been advised of, understands, and knowingly and specifically waives his or her rights under California Civil Code § 1542, which Civil Code section provides as follows:

***A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which, if known by him, must have materially affected his settlement with the debtor.***

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

3. **Assumption of The Risk.** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability Insurance coverage for any Volunteer.

Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. **Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat or any third party during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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# Release and Waiver of Liability – Adult

6. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer agrees that if any clause or provision of the Release shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**In witness whereof,** Volunteer has executed this Release as of the day and year first above written.

Volunteer Name: _____

Volunteer Signature: _____

Witness: _____

Please indicate whether you'd give us permission to add your contact information to our mailing list.

◯ Yes ◯ No

For Build Volunteers Only:

☐ I acknowledge that I have received a copy of the Habitat for Humanity Work Crew Safety Rules; that I have read it and reviewed it with my supervisor; and that I understand its contents.

Habitat for Humanity® of Sonoma County

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# Release and Waiver of Liability – Adult

## Medical Emergency Form

Today's Date: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

## Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Your Doctor's Name: _____ Tel: _____

## Medical Conditions:

Medications or Allergies: _____

Other Instructions In Case of Emergency: