



**IMPORTANT: Each volunteer must have a completed & signed
"Release and Waiver of Liability" on file.**

Release and Waiver of Liability for Minors

PLEASE READ CAREFULLY!

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

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 (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties 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.

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 the Released Parties 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 the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties 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.

Photographic Release. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity of the MS Gulf Coast and HFHI all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

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 where the 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 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.

Habitat brings people together to build homes, communities and hope.

2214 34th Street, Gulfport, MS 39501
Phone: (228) 678-9100 | Fax: (228) 678-9111
www.hfhmgc.org



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

Volunteer: Name (please print): _____

Signature: _____

Address: _____

Phone: _____ E-mail: _____ Date of Birth: _____

Witness: Name (please print): _____

Signature: _____

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness (separate from the minor or parent/guardian).

If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this *Release* on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this *Release*, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this *Release*.

A Notary Public is needed only for the *Parental Authorization for Treatment of, and Travel with, a Minor Child*. This authorization is needed when a parent would not be available (physically present) to consent for medical care, which typically arises when minor children are travelling away from their local affiliate's service area.

Parent/Guardian #1:

Name (please print): _____

Signature: _____

Address: _____

Witness: _____

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Parent/Guardian #2:

Name (please print): _____

Signature: _____

Address: _____

Witness: _____

**EMERGENCY CONTACT INFORMATION (in the case we cannot reach either
parent/guardian or chaperone):**

Name: _____

Relationship: _____

Address: _____

Phone: _____ E-mail: _____

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A Notary Public is needed on the below when a parent would not be available (physically present) to consent for medical care, which typically arises when minor children are travelling:

PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD

I, _____, (parent's name) am the parent or legal guardian having custody of _____,

_____ (child's name) a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, (child's name) concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others. Also, I hereby authorize and appoint my agent to travel with my minor child to the Mississippi Gulf Coast, and consent for my minor child to serve as a volunteer with Habitat for Humanity of the Mississippi Gulf Coast and to help construct houses and participate in other activities on a voluntary basis, without compensation.

1) Parent or Guardian: _____

Witness: _____

Date: _____

2) Parent or Guardian: _____

Witness: _____

Date: _____

This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD sworn to and subscribed before me by _____ and _____, the Parent(s) or Legal Guardian(s) of _____, a minor child, this _____ day of _____, 20_____.

Notary Public

My commission expires:

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