



**Volunteer Participant Waiver**  
**(PLEASE PRINT CLEARLY)**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE LIST MINORS HERE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_

**Release and Waiver of Liability**

**PLEASE READ CAREFULLY! This is a legal document that affects your legal rights.**

This Release and Waiver of Liability (the "Release") is executed on the date set forth above by **X** ("Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity Inland Valley, Inc., a California nonprofit corporation, and their directors, officers, employees, volunteers, sponsors, agents, successors and assigns (collectively, "Habitat").

Volunteer desires to engage in activities related to being a volunteer for Habitat (the "Activities"). Volunteer understands that the Activities may include constructing and rehabilitating residential buildings and related improvements, working in the Habitat offices and its retail store, and living in housing provided for volunteers of Habitat.

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

**Release and Waiver.**

- (a) Volunteer WAIVES, RELEASES, AND DISCHARGES Habitat from any and all liability, including, but not limited to, liability arising from Habitat's negligence or fault, for Volunteer's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to Volunteer, including traveling to and from the Activities.
- (b) Volunteer INDEMNIFIES, HOLDS HARMLESS, AND PROMISES NOT TO SUE Habitat from any and all liabilities or claims made as a result of Volunteer's participation in the Activities, whether caused by Habitat's negligence or otherwise.

Volunteer acknowledges that Habitat is NOT responsible for the errors, omissions, acts, or failures to act of any other party or entity conducting a specific activity on its behalf.

**Medical Condition.** Volunteer certifies that a qualified medical professional has not advised against in the participating in the Activities. Volunteer certifies that there are no health-related reasons or problems which preclude participation in the Activities.

**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. Volunteer hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Activities.

**Assumption of the Risk.** VOLUNTEER UNDERSTANDS THAT THE ACTIVITIES INCLUDE WORK THAT MAY BE HAZARDOUS TO VOLUNTEER, INCLUDING, BUT NOT LIMITED TO, CONSTRUCTION, DEMOLITION, HANDLING HAZARDOUS MATERIALS, LOADING AND UNLOADING, AND TRANSPORTATION TO AND FROM WORK SITES. VOLUNTEER IS FULLY AWARE OF THE RISKS AND HAZARDS CONNECTED WITH THE ACTIVITIES AND HEREBY ELECTS TO VOLUNTARILY PARTICIPATE IN THE ACTIVITIES, AND TO ENGAGE IN SUCH ACTIVITIES KNOWING THAT THEY MAY BE HAZARDOUS TO VOLUNTEER. VOLUNTEER AGREES TO VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY VOLUNTEER, AS A RESULT OF BEING ENGAGED IN THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF HABITAT OR OTHERWISE.

**Insurance.** 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. 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.

**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 during Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**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 this state. Volunteer agrees that in the event that 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 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.

**X Signature/Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Habitat for Humanity Inland Valley • 27475 Ynez Road, #390, Temecula, CA 92591 • Phone: 951-296-3362 • Fax: 951-296-3363 • [www.habitativ.org](http://www.habitativ.org)

## COVID-19 RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, am wishing to volunteer my time and services for Habitat for Humanity Inland Valley hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and Habitat for Humanity Inland Valley policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or sundries for distribution, and will properly wear and utilize sterile gloves.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that Habitat for Humanity Inland Valley serves. I agree to hold this information in confidence and will not disseminate any PHI except as allowed by law and/or per the policy and procedures of said organization which I am volunteering for.

I understand that there is no direct medical health coverage afforded to me during my relationship Habitat for Humanity Inland Valley. Habitat for Humanity Inland Valley is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no Washington State Labor and Industries employment security insurance provided to me.

By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_