

HABITAT FOR HUMANITY OF MILLEDGEVILLE/BALDWIN COUNTY

P.O. Box 605
MILLEDGEVILLE, GA 31061

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

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this _____ day of _____, 200__ by (the "Volunteer") in favor of HABITAT FOR HUMANITY OF MILLEDGEVILLE / BALDWIN COUNTY INC.

The Volunteer desires to participate in Habitat's continuous building programs, and the activities related to being a volunteer. The Volunteer understands that the activities may include constructing residential buildings, being transported to and from work site locations, and consuming food and living in accommodations donated for the work project.

1. Waiver and Release: Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns, its directors, employees and staff, 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 participation in Habitat's continuous building programs.

Volunteer understands that this Release discharges Habitat, its directors, employees and staff, 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 participation in Habitat's continuous building programs. Volunteer also understands that Habitat does not assume an responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, disability, or workman's compensation insurance.

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 participating in Habitat's continuous building programs.

3. Assumption of the Risk: The Volunteer understands that Habitat's continuous building programs may include activities that may be hazardous to the Volunteer and that the food, accommodation, and medical facilities may be donated to Habitat and beyond the control of Habitate.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat, its directors, employees and staff, from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in Habitat's continuous building programs.

4. Insurance: Habitat may elect to provide group accident insurance and make it available to Habitat volunteers. Except to the extent it makes available such group accident insurance, Habitat does not carry or maintain, and, expressly disclaims

responsibility for providing any health, medical, disability, or workman's compensation insurance coverage for the Volunteer. Any coverage so provided will be governed by the policy language. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH MEDICAL OR HEALTH INSURANCE COVERAGE IN EFFECT.

5. Photographic Release: Volunteer does hereby grant and convey to Habitat all right, title and interest in any and all photographic images and video or audio recordings made by Habitat during its building programs, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Age Limitation: Volunteer certifies that he / she is over 18 years old.

7. Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by a 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.

Witness: _____ Volunteer: _____
Address: _____
Phone (H): _____
(W): _____

In case of emergency, please contact:
NAME: _____
RELATION: _____
ADDRESS: _____
PHONE: _____

Personal Physician:
NAME: _____
ADDRESS: _____
PHONE: _____

Health Insurance Coverage:
COMPANY: _____
POLICY NUMBER: _____
INSURANCE AGENT: _____