

**VOLUNTEER INFORMATION, EMERGENCY CONTACT, AND RELEASE & WAIVER
IN CONNECTION WITH PROJECT FOR HABITAT FOR HUMANITY**

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Email address (*preferred method of communication*): _____

Employer: _____

Volunteers must be at least 14 years old.

Volunteers 18 years of age or younger must have parent or guardian signature. Volunteers 18 or younger must also have parental or guardian consent to operate power tools and/or participate in roof construction.

Medical Information

Emergency Contact Name: _____ Relationship: _____

Primary Contact Number: _____ Secondary Number: _____

Medical conditions/allergies: _____

Insurance: _____ Policy 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") executed on this _____ day of _____, 2012, by _____ (the "Volunteer"), and (in the case of Volunteer under the age of 19) _____, the parent having legal custody and/or legal guardian of the Volunteer (the "Guardian"), in favor of the Cathedral Church of the Advent (Episcopal), and the Episcopal Diocese of Alabama, their bishops, clergy, officers, vestry, governing bodies, members, employees, agents, successors and assigns, (collectively "the Churches").

The Volunteer (and Guardian when applicable) desire that the Volunteer work as a Volunteer for the Churches and engage in the activities related to being a Volunteer (the "Activities"). The Volunteer (and Guardian when applicable) understand that the Activities involve all aspects of the construction, assembly and erection of a house or houses for Habitat for Humanity, including Volunteer's transportation to and from the work site. The Volunteer (and Guardian when applicable) hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **RELEASE AND WAIVER.** The Volunteer (and Guardian when applicable) do hereby release, forever discharge, and hold harmless the Churches 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 the Churches. The Volunteer (and Guardian when applicable) understand that this Release discharges the Churches from any liability or claim that the Volunteer may have against the Churches with respect to any bodily injury, personal injury, illness, death, or property damages that may result from Volunteer's work for the Churches, whether caused by the negligence of the Churches. The Volunteer (and Guardian when applicable) also understand that, except as otherwise agreed to by the Churches in writing, the Churches do 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.

To be initialed by Volunteer _____

To be initialed by parent/guardian for Volunteer under age 19 _____

2. **MEDICAL TREATMENT.** Except as otherwise agreed to by the Churches in writing, the Volunteer (and Guardian, when applicable) do hereby release and forever discharge the Churches 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 the Churches or (in case of a minor child) with the decision by any representative or agent of the Churches to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.
3. **ASSUMPTION OF THE RISK.** The Volunteer (and Guardian when applicable) understand 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 work sites. Volunteer (and Guardian when applicable) hereby expressly and specifically assume the risk of harm in the Activities and release the Churches from all liability for injury, illness, death, or property damage resulting from the Activities.
4. **INSURANCE.** The Volunteer (and Guardian when applicable) understand that, except as otherwise agreed to by the Churches in writing, the Churches do not carry or maintain health, medical, or disability insurance for any Volunteer.

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

5. **OTHER.** The Volunteer (and Guardian when applicable) expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. The Volunteer (and Guardian when applicable) agree 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 the Release which shall continue to be enforceable.

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS ACCURATE, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS DOCUMENT; AND THAT I KNOWINGLY AND WILLINGLY SIGN SAME.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(Required for Volunteers under 19)

 Printed Name of Parent or Guardian

 Address of Parent or Guardian

FOR VOLUNTEERS AGES 14 THROUGH 18 ONLY:

Parent/Guardian, please initial in box to give consent to Volunteer's participation in the following Activities:

[] Volunteer has permission to work on rooftops.

[] Volunteer has permission to operate power tools/equipment.

 Signature of Parent/Guardian

THE FOREGOING SIGNATURES AND INITIALING WITNESSED BY:

Signature

Date

Name: _____

Address: _____

Telephone No. _____

MEDICAL RELEASE FORM
(To be completed for Volunteers aged 14-18)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medication (currently using): _____

Allergies (to medication): _____

Family Doctor: _____ Address: _____

City, State, Zip: _____

Phone: _____ Insurance carrier for my child(ren): _____

Policy Number: _____ Date of last Tetanus shot: _____

I (Parent or Legal Guardian), _____ do hereby give my permission for my child(ren), _____, to receive emergency medical care. In addition, I will not hold the Cathedral Church of the Advent (Episcopal), the Episcopal Diocese of Alabama, and their bishops, clergy, officers, vestry, governing bodies, members, employees, agents, successors and assigns, (collectively "the Churches") responsible for any expense, claims, or liability arising from an injury to my child(ren).

Signed: _____ Dated: _____
(do not sign except in presence of Notary)

Before me, the undersigned Notary Public, personally appeared _____, who is known to me, and being informed of the contents, executed the same voluntarily on this _____ day of _____, 2012.

Notary Public
My Commission expires: _____