



If any of the following apply, please indicate by checking the box:

- Homebuyer Partner, Hour Hero, Bright Future Student, Program Volunteer, Court Ordered Volunteer

Volunteer Registration Sheet – Valid 1/1/20 through 12/31/20
Age Restriction: Minimum Age is 16. Guardian Signature required ages 16-17.

Name (Please Print Clearly) _____

Address _____ City _____ State _____ ZIP _____

Phone Number (_____) _____ Date of Birth ____/____/____

Email Address _____

In case of emergency contact: _____ Cell (____) _____ Relationship _____

Are you volunteering with a Group? [] Yes, if yes, what is the name of your group? _____ [] No

Waiver of Liability

Release & Waiver. Volunteer and/or Guardian do 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.

Medical Treatment. Volunteer and/or Guardian do 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 or with the decision by any authorized representative or agent of Habitat to exercise the power to consent to medical or dental treatment.

Assumption of Risk. The Volunteer and/or Guardian understand that the volunteer activities may 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. Associated risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such risks.

Insurance. The Volunteer and/or Guardian understand 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.

Photographic Release. Volunteer and/or Guardian do 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 the Volunteer's activities with Habitat, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs.

Other. Volunteer and/or Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the Laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the Laws of the State of Florida. Volunteer and/or Guardian agree that the invalidity or waiver of any clause or provision shall not affect the remaining provisions of this Release which shall continue to be enforceable.

Signature _____ Date _____ I am 18+ years of age _____

Parent or Guardian _____ Date _____ (if under 18) D.O.B. ____/____/____
Initials
Month, Day, Year