



Volunteer Registration Sheet – Valid 1/1/22 through 12/31/22

Age Restriction: Minimum Age is 16. Guardian Signature required ages 16-17.

*denotes required fields

*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. Volunteer & Guardian understand that this Release discharges Habitat from any liability or claim that the volunteer and/or guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death, financial, or property damage that may result from Volunteer's activities with Habitat, whether caused by negligence of Habitat or its Officers, Directors, Employees, or Agents or otherwise. In addition, Habitat shall have the benefit of any applicable future liability protection for businesses relating to the COVID-19 pandemic passed by any governmental entity. Volunteer and/or Guardian also understand 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.

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. Volunteer and/or Guardian further acknowledge and agree that, due to the nature of the volunteer activities, social distancing of six feet per person will not always be possible and that participation in the volunteer activities may result in an elevated risk of contracting COVID-19 and/or other viruses and/or bacterial infection. Volunteer and/or Guardian further confirm that prior to engaging in volunteer activities, Volunteer may be required to complete a COVID-19 health screening questionnaire provided by Habitat. Volunteer and/or Guardian agree to answer all questions on the questionnaire truthfully. Volunteer and/or Guardian agree that Volunteer will not participate in any volunteer activities if, at such time, Volunteer is known or suspected to be a carrier of COVID-19 or infected with COVID-19. Volunteer and/or Guardian further agree to follow all safety precautions provided by Habitat while volunteering. Volunteer and/or Guardian hereby expressly and specifically assume the risk of injury or harm in the activities and release Habitat from all liability for injury, illness, death, financial or property damage resulting from the activities. Regarding any illness or virus, including COVID-19, Volunteer and/or Guardian understand that even if all guidelines for the prevention and handling of any illness or virus are followed, including COVID-19, there is still a risk that Volunteer could contract such virus or illness.

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

PO Box 181010 Casselberry, FL 32718

Phone 407-696-5855 - Fax 407-331-0504 - volunteer@habitat-sa.org

It is the practice of Habitat for Humanity International that the names of all potential volunteers, board members, partners and personnel be checked against the State Sexual Offender and Predator database.

Please leave blank, for office completion only

Volunteer Court Ordered Bright Future Student Homebuyer Partner

Hour Hero completing hours for: _____ Program: _____