

DuPage Habitat for Humanity ReStore
Release and Waiver of Liability

The Release and Waiver of Liability is executed on this _____ day of _____, 20____, by _____, (the "Volunteer"), in favor of DuPage Habitat for Humanity, Inc., Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents and Illinois not-for-profit Corporation (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in activities related to being a volunteer. I understand that my activities might include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns or cities; consuming food available or provided; constructing and rehabilitating residential buildings; other construction-related activities; and other volunteer activities ("Activities").

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

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

Release and Waiver. In consideration of and in order to be allowed to participate in Activities, I, the Volunteer, hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, including attorney's fees and court costs, which arise or may hereafter arise from Volunteer's participation in DuPage Habitat for Humanity's Activities.

I, the Volunteer, understand and agree that this Release discharges the Released Parties from any liability or claim that I, the Volunteer, may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that I, the Volunteer, may incur as a result from participation in Habitat's Activities. I, the Volunteer, also understand and agree that the Released Parties 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.

Consent to Transportation and Medical Treatment. I, the Volunteer, consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

Insurance. I understand that, except otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me the Volunteer. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Photographic/ Recording Release. I, the Volunteer, do hereby grant and convey unto the Released Parties all right, title, and interest in any and all photographic images during Activities including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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

SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER:

Volunteer: Name: (please print): _____ Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ Date of Birth: _____

Email: _____

Witness: Name (please print): _____ Signature & Date: _____

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER OVER 18 YEARS OF AGE:	
Name: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: (H) _____	(C) _____ (W) _____
Email: _____	

DuPage Habitat for Humanity ReStore
Release and Waiver of Liability for Minors

The Release and Waiver of Liability is executed on this _____ day of _____, 20____, by _____, a minor child (the “Volunteer”) and _____ the parent having legal custody and/ or the legal guardian of the Volunteer (the “Guardian”) in favor of DuPage Habitat for Humanity, Inc., Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents, and Illinois not-for-profit corporation (collectively, the “Released Parties”).

I, the Volunteer and Guardian, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in activities related to being a volunteer. I understand that my activities might include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns or cities; consuming food available or provided; constructing and rehabilitating residential buildings; other construction-related activities; and other volunteer activities (“Activities”).

I, the Volunteer and Guardian, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I, the Volunteer and Guardian, hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver. In consideration of and in order to be allowed to participate in Activities, I, the Volunteer and Guardian, hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, including attorney’s fees and court costs, which arise or may hereafter arise from Volunteer’s participation in DuPage Habitat for Humanity’s Activities.

I, the Volunteer and Guardian, understand and agree that this Release discharges the Released Parties from any liability or claim that I, the Volunteer and Guardian, may have against the Released Parties with respect to any bodily injury, personal injury, illness, death, or property damage that I, the Volunteer, may incur as a result from participation in Habitat’s Activities. I, the Volunteer and Guardian, also understand and agree that Released Parties 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.

I understand and acknowledge that children under the age of 16 are not allowed to participate in some types of construction work; I understand that using power tools, excavation, demolition, and similar activities are not permitted for anyone under the age of 18. I agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

Consent to Transportation and Medical Treatment. I, the Volunteer and Guardian, consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other

health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer and Guardian do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

Insurance. I, the Volunteer and Guardian, understand that, except otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

I, the Volunteer and Guardian, understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Photographic/ Recording Release. I, the Volunteer and Guardian, do hereby grant and convey unto the Released Parties all right, title, and interest in any and all photographic images during Activities including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. I, the Volunteer and Guardian, expressly agree that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Release shall be held 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.

If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Volunteer Under 18 years Old: _____

Name: _____ **Date of Birth:** _____

I have carefully considered my decision; the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer's heirs, next of kin, assigns, and legal representatives.

Continued →

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:

Parent/ Guardian: Name: (please print): _____ Signature & Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Witness: Name (please print): _____ Signature & Date: _____

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:

Parent/ Guardian: Name: (please print): _____ Signature & Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Witness: Name (please print): _____ Signature & Date: _____

EMERGENCY CONTACT INFORMATION FOR ABOVE LISTED MINOR VOLUNTEER:		
Name: _____	Relationship: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: (H) _____	(C) _____	(W) _____
Email: _____		