



PLEASE PRINT

| This Release and Waiver of Liability (the "Release") is executed of the "the first of the first | | , 2024 by |
|---|---|--|
| nonprofit corporation, and Habitat for Humanity North Central Madirectors, officers, employees (collectively, "Habitat"). | | Humanity International, Inc., a usetts nonprofit corporation, its |
| The Volunteer desires to act as a volunteer for Habitat and engage in th understands that the Activities may include constructing and rehabilitating ReStore or warehouse. | | |
| The Volunteer does hereby freely, voluntarily and without duress execut | te this Release under the following | g terms: |
| RELEASE AND WAIVER. Volunteer does hereby release and forever d from any and all liability, claims and demands of whatever kind of nature Volunteer's Activities with Habitat. | | |
| Volunteer understands and acknowledges that this Release discharges have against Habitat with respect to any bodily injury, personal injury, illustrictions with Habitat, whether caused by the negligence of Habitat or it understands that Habitat does not assume any responsibility for or oblig not limited to medical, health or disability insurance, in the event of injury | ness, death or property damage to sofficers, directors, employees, continuous assistantial assis | hat may result from Volunteer's or agents or otherwise. Volunteer also |
| MEDICAL TREATMENT. Volunteer does hereby release and forever dishereafter arise on account of any first aid, treatment or service rendered | | |
| ASSUMPTION OF THE RISK. The Volunteer understands that the Activ Volunteer, including, but not limited to, construction, loading and unloadi expressly and specifically assumes the risk of injury or harm in these Ac property damage resulting from the Activities. | ing and transportation to and fron | n the work sites. Volunteer hereby |
| INSURANCE . The Volunteer understands that, except as otherwise agreedical, or disability insurance coverage for any Volunteer. | eed to by Habitat in writing, Habit | at does not carry or maintain health, |
| Each Volunteer is expected and encouraged to obtain his or her own me | edical or health insurance covera | ge. |
| PHOTOGRAPHIC RELEASE. Volunteer does hereby grant and convey images and video or audio recordings made by Habitat during the Volun proceeds or other benefits derived from such photographs or recordings | teer's Activities with Habitat, inclu | |
| OTHER . Volunteer expressly agrees that this Release is intended to be of Massachusetts, and that this Release shall be governed by and interp Massachusetts. Volunteer agrees that in the event that any clause or procompetent jurisdiction, the invalidity of such clause or provision shall not continue to be enforceable. | oreted in accordance with the law ovision of the Release shall be he | s of the Commonwealth of eld to be invalid by any court of |
| Please check box to confirm that you have received on-site basic safe | ety instruction | |
| IN WITNESS WHEREOF, Volunteer has executed this Release as of the | e day and year first above written | ı. |
| SIGNATURE Volunteer: | Witness: | |
| Emergency Information | PLEASE PRI | NT CLEARLY!!! |
| In case of emergency please contact: | | |
| Name: | Relationship: | |
| Phone (home):(work): | (cell)_ | |
| Street: | City: | State: |



Volunteer Contact Information

PLEASE PRINT CLEARLY

| Name: | | | | |
|---------------|---------|---|------|------|
| | | | | |
| Address: | | | | |
| Town: | | | | |
| State: | | _ | | |
| Zip: | | _ | | |
| Phone: | (home): | | | |
| | (cell): | | | |
| | (work): | | | |
| Date of Birth | | | | |
| E Mail Addr | | | | |