

Release and Waiver of Liability

MINOR 2024

	PLEASE PRINT			
This Release and Waiver of L	iability (the "Release") is executed on this	day of	, 2024 by	· ,
custody and/or the legal guard	, a minor child (the "Volunteer") and dian of the Volunteer (the "Guardian"), in favor umanity North Central, Massachusetts, Inc., a itat").	of Habitat for Hu	manity international, inc., a non profit	
volunteer (the "Activities"). The	desire that the Volunteer works as a volunteer e Volunteer and the Guardian understand that king in the Habitat offices or warehouse.			
The Volunteer and Guardian of	do hereby freely, voluntarily and without dures	s execute this Re	lease under the following terms:	
	lunteer and Guardian do hereby release and f liability, claims and demands of whatever kind r's Activities with Habitat.			
have against Habitat with resp Activities with Habitat, whethe and Guardian also understand	rstand that this Release discharges Habitat from the control of th	s, death or proper ficers, directors, e lity for or obligation	ty damage that may result from Volur employees, or agents or otherwise. Vo on to provide financial assistance or c	nteer's olunteer
progress. It is further the po	at children <u>under the age of 16</u> are not allow blicy of Habitat that, while children between cardous activity such as using power tools, the age of 18.	the ages of 16 a	and 18 may be allowed to participat	te in
or may hereafter arise on account the decision by any repre	unteer and Guardian do hereby release and fo ount of any first aid, treatment or service rende esentative or agent of Habitat to exercise the p and in the Parental Authorization for Treatment	ered in connection ower to consent t	n with the Volunteer's Activities with F	labitat or
hazardous to the Volunteer, in Volunteer and Guardian herek	The Volunteer and Guardian understand than cluding, but not limited to, construction, loading by expressly and specifically assume the risk on or property damage resulting from the Activity	ng and unloading of injury or harm i	and transportation to and from the wo	ork sites.
	and Guardian understand that, except as othe isability insurance coverage for any Volunteer. urance coverage.			
photographic images and vide	. Volunteer and Guardian do hereby grant and so or audio recordings made by Habitat during other benefits derived from such photographs	the Volunteer's A		
Commonwealth of Massachus Commonwealth of Massachus held to be invalid by any court	dian expressly agree that this Release is intendent, and that this Release shall be governed setts. Volunteer and Guardian agree that in the of competent jurisdiction, the invalidity of succh shall continue to be enforceable.	by and interprete e event that any c	d in accordance with the laws of the lause or provision of this Release sha	all be
	m that you have received on-site basic safety ins			
IN WITNESS WHEREOF, Vol	lunteer and Guardian have executed this Rele	ase as of the day	and year first above written.	
Volunteer:	Witness:			
Volunteer Age:	Volunteer Date of Birth:			
Parent/Guardian:	Witness:			

_____W:____

_____C:____

P/G Address:_



Volunteer Contact Information

PLEASE PRINT CLEARLY

Name:		 	 	
Address:				
Town:			 	
State:				
Zip:				
Phone:	(home):	 	 	
	(cell):	 		
	(work):	 	 	
F-Mail Addres	ıs.			