



2180 Iowa Avenue
Riverside CA 92507
(951)787-6754
www.habitatriverside.org

Volunteer Agreement & Release from Liability Form

Name (individual) / Group: _____
Group: _____ Individual: _____ (Mark one) Group Code: _____ (office use only)

Volunteer Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____
Email address: _____

1. I, _____ (name) on this _____ day of _____ in the year _____, acknowledge that I have voluntarily applied to HABITAT FOR HUMANITY OF RIVERSIDE (Habitat) for construction and other volunteer activities at their construction site(s) and/or other locations.
2. I am aware that construction is a hazardous activity. I am voluntarily participating in the activities of construction with the knowledge of the danger involved and with the knowledge that medical facilities may not be available in the event of injury to me. I hereby agree to accept all risks of injury and death, and verify this statement by placing my initials here _____ (initials).
3. As consideration for being permitted by Habitat to participate in these activities and use their tools and facilities, I hereby agree that I, and my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attach the property of Habitat, or the suppliers of any tools or equipment I will use, for injury or damage resulting from my participation in any Habitat activities, and I hereby release Habitat from all actions, claims, or demands that I, my assignees, my heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Habitat activities. _____ (initials)
4. I hereby release and forever discharge Habitat from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with participation in Habitat's construction. _____ (initials)
5. I understand that although Habitat carries medical insurance for volunteers, it is considered secondary coverage and my own health insurance is primary coverage. _____ (initials)
6. I agree that this Volunteer Agreement (this "Agreement") is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any other court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforced. _____ (initials)
7. I hereby agree that Habitat may use my photographic image or likeness taken from my participation in any Habitat activities for any purpose including for use in promotional materials and on the Internet _____ (initials)



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In case of an emergency who is your contact?

Name: _____ Relation: _____

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

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency the nearest hospital to the site will be used. The information below is needed by any hospital or medical practitioner not having access to the volunteer's medical history:

Allergies (medicines, food, etc): _____ Blood Type: _____

Date of last tetanus shot: ____/____/____

Medications currently taking: _____

Have you had any injuries, surgeries or illnesses in the past 6 months? _____

If yes, please list: _____

Personal Physician (Name): _____

Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Coverage

Company: _____

Policy Number: _____

Insurance Agent: _____

Phone: (____) _____

I have carefully read this AGREEMENT and I fully understand its contents. I am aware that this is a release

of liability and a contract between me and Habitat. I am signing this document on my own free will.

Executed at (city): _____, California on (date): ____/____/____

Volunteer's Signature: _____

Parent Signature: _____

If volunteer is under the age of 18, parent or legal guardian must sign this form. No one under the age of 16 is permitted to work on the building site or in our ReStore and no one under the age of 18 is permitted on the building site without a chaperone. On the construction site, minors must be accompanied by adult chaperone (with construction experience preferred) as follows: 16-year-old volunteers must be accompanied at a ratio of 1:1 (adult to minor); 17-year-old volunteers must be accompanied at a ratio of 1:5 adult to minor.