

MINOR'S RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY!

THIS IS A LEGAL DOCUMENT, WHICH AFFECTS YOUR MINOR'S LEGAL RIGHTS!

(To be completed by the parent or guardian of anyone under the age of 18)

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this ____ day of _____ 20____,
(Day) (Month) (Year)

By _____ for _____ in favor of Habitat for Humanity of Greater Los Angeles.
(Parent/Guardian) (Volunteer Name)

I, the undersigned, have been made aware and understand that during volunteering at the home improvement store and/or the building and remodeling of houses and in those activities associated with volunteering at the home improvement store and/or the building and remodeling of houses (the "Building Activities") conducted by Habitat for Humanity of Greater Los Angeles, and in travel to participate in the Building Activities, _____ will be exposed to many risks and dangers.
(Volunteer Name)

I understand that these risks include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injuries to the musculoskeletal system, loss of hand(s), finger(s), toe(s), arm(s), leg(s), severe lacerations and cuts which may result in serious and permanent injury to an loss of an eye(s), ear(s), or teeth, and serious injury to other aspects of general health and well-being. I also understand that these injuries may result from certain dangers and risks which are present and which include, but are not limited to the following:

- use of building tools and equipment
- falling objects from work being conducted overhead
- falls onto the work surface or fall from elevated work areas, and
- use of building materials containing hazardous chemicals or sharp- pointed surfaces.

I understand that the risks in participating in the Volunteer Activities include not only the foregoing physical injuries, but also impairment to future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Understanding these risks, I state that _____ is physically fit to participate in the Volunteer Activities.
(Volunteer Name)

In consideration of being permitted to participate in the Volunteer Activities, and as a condition of the right to participate in the Volunteer Activities, I PERSONALLY ASSUME ALL RISKS incident to any activities relating to travel to and participation in the Volunteer Activities.

I HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE HABITAT FOR HUMANITY OF GREATER LOS ANGELES, ITS EMPLOYEES, OR AGENTS FROM ALL LIABILITIES, LOSSES, DAMAGES OR COSTS OF ANY NATURE which may arise in connection with travel to or participation in the Volunteer Activities (including rescue activities associated with the Volunteer Activities), whether caused by the negligence of Habitat, its employees or agents, or caused by some other means. Further, I hereby agree not to file suit against Habitat, its employees, or agents.

I AGREE TO INDIMNIFY AND HOLD HABITAT, ITS EMPLOYEES, AND AGENTS HARMLESS FROM ALL LIABILITIES, LOSSES, DAMAGES OR COSTS OF ANY NATURE which may arise in connection with travel to or participation in the Volunteer Activities (including rescue activities associated with the Volunteer Activities), whether caused by the negligence of HFH GLA, its employees, or agents, or caused by some other means.

I hereby grant and convey unto Habitat for Humanity of Greater Los Angeles all right, title, and interest in any and all photographic images and video/audio recordings made by HFH GLA during the volunteer's activities with HFH GLA, including but not limited to any royalties or other benefits derived from such photographs or recordings.

I have carefully read this document, fully understand its contents, and sign it voluntarily. I state that I am the parent or legal guardian of the above volunteer and that the above volunteering is under 18 years old but at least 16 years old if volunteering on the construction site or at least 14 years old if volunteering on A Brush With Kindness project or in the Home Improvement Store. I also state that I am competent to sign this document. This document shall bind each of us, our heirs, executors, administrators and personal representatives.

I further understand that youth under 16 are not permitted on the job site while work is in process. I further understand that youth under 14 are not permitted on the A Brush With Kindness job site while work is in progress. I further understand that 14-17 year olds are restricted in their activities while building. If volunteering at the home improvement store, I must be at least 14 years of age. **No one under the age of 18 will be allowed to use any power equipment, work on a ladder, the roof, or scaffolding, or participate in any hazardous activity.**

Volunteer Name (14-17 years old): _____ Birthdate: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Please See Other Side >

MINOR'S EMERGENCY MEDICAL FORM

VOLUNTEER NAME: _____

VOLUNTEER DATE OF BIRTH/ AGE: _____

(Month/Day/Year)/ Current Age

VOLUNTEER DATE: _____

(Month/ Day/ Year)

SITE WORKING AT:

___ Harborside Terrace (San Pedro) ___ Fernwood (Lynwood) ___ Home Store ___ Office

___ Vermont Village (South Los Angeles) ___ Housing Center ___ Special Event: _____

___ A Brush with Kindness: _____ (Please List)

(Please List Homeowner Name)

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relation: _____

Address: _____ City/Zip: _____

Primary Phone: _____ Secondary Phone: _____

THE FOLLOWING INFORMATION MAY BE NEEDED BY ANY HOSPITAL OR MEDICAL PRACTITIONER NOT HAVING ACCESS TO THE VOLUNTEER/PARTICIPANTS MEDICAL HISTORY:

Allergies (Medicine, Food, Etc.): _____

Medications being taken: _____

Physical impairments: _____

Date of last tetanus shot: _____ Other: _____

PERSONAL PHYSICIAN:

Name: _____ Phone: _____

Address: _____ City/Zip: _____

HEALTH INSURANCE COVERAGE:

Company: _____ Policy # _____

Insurance Agent: _____

DECLARATION OF WITNESS: I certify that the person signed the above acknowledgment in my presence and that he/she read and fully understood the meaning and consequences of the foregoing assumption of risk, release of liability and agreement.

Witness' Signature: _____ Date: _____