Release and Waiver of Liability for Minors

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “Release”) executed on this _____ day of ___________________, 20_____, by __________________________________, a minor child (the “volunteer”), and ___________________________________ and ___________________________________ the parents having legal custody and/or the legal guardians of the volunteer (the “Guardians”), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity Prince William County, a Virginia nonprofit corporation, their directors, officers, employees, and agents (collectively, “Habitat”).

The Volunteer and Guardians desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer (the “Activities”). The Volunteer and the Guardians understand that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, ReStore or storage trailers, volunteering at community events and living in housing provided for volunteers of Habitat.

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

**Release and Waiver.** Volunteer and Guardians do hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with Habitat.

Volunteer and Guardians understand that this Release discharges Habitat from any liability or claim that the Volunteer or Guardians may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and Guardians also understand that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

It is the policy of Habitat that children under the age of 16 are not allowed on a Habitat work site while there is construction in progress. It is further the policy of Habitat that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

**Medical Treatment.** Volunteer and Guardians do hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with Habitat or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

**Assumption of the Risk.** The Volunteer and Guardians understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, the following: construction, loading and unloading; travel to and from work sites; and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear personal protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

Volunteer and Guardians hereby expressly and specifically assume the risk of injury or harm in the Activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** The Volunteer and Guardians understand that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**Photographic Release.** Volunteer and Guardians do hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer’s Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Habitat for Humanity Prince William County
Serving Prince William County, Manassas and Manassas Park
P.O Box 3111, Manassas VA 20108
10159 Hastings Drive, Manassas VA 20110
Phone: 703.369.6708 • Fax: 703.393.2878
www.habitatpwc.org

Revised 03/16
Sex Offender Registry Check. The Volunteer and Guardians do hereby grant permission and give consent to Habitat to conduct a sex offender registry check when it is expected that the volunteer will work eight (8) or more hours each month and/or may be expected to have unsupervised contact with vulnerable populations such as children, the elderly or persons with disabilities. Habitat for Humanity Prince William County reserves the right to check or recheck sex offender status at any time during the volunteer’s course of service.

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

IN WITNESS WHEREOF, Volunteer and Guardians have executed this Release as of the day and year first above written.

Volunteer (Print Name): ______________________________

Witness: __________________________________________

Volunteer Signature: ________________________________

Witness: __________________________________________

Parent/Guardian: _________________________________

Witness: __________________________________________

Parent/Guardian: _________________________________

Address: _______________________________________

Home Phone: ____________________________________

Work Phone: ____________________________________

Cell Phone: _____________________________________

Email: _________________________________________

Emergency Contact: _____________________________

Phone: __________ Relationship: _________________

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