



## HFHGC Volunteer Waiver 2021

**Photograph & Video Release:** I understand and accept that there may be photographs or videos taken of me during my participation, and I agree that HFHGC or the media may use these images and my name. I, the volunteer do hereby grant and convey unto HFHGC all rights, title, and interest in any and all photographic images and video or audio recordings made by HFHGC during volunteer activities with HFHGC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** I, the volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree 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.

I understand that by giving you my email address, I am opting into HFHGC's email list which will be used to update me on HFHGC events and news and that I may opt out of the mailing list at any time.

I understand that HFHGC maintains a DRUG FREE WORK AREA. No person is allowed on the property, or allowed to work on a Habitat house or other HFHGC activities, if they are under the influence of alcohol and/or drugs.

I, as the parent or legal guardian of the undersigned, give him/her my full permission to participate in this special event and/or project. I fully and voluntarily agree, on his/her behalf, to be bound by all the same risk and liability matters.

I understand that by signing my name below, I am signing for Habitat for Humanity of Glynn County's Volunteer Waiver of Liability. I acknowledge and agree to the information above.

<b>Your Contact Information</b>		
First Name*	Last Name*	Email*
Address Line 1*	Address Line 2	Phone*
City*	State*	Zip*
<b>Emergency Contact Information</b>		
Emergency Contact Name*	Emergency Contact Phone*	Relationship to Volunteer*
<b>Waiver Consent</b>		
I understand that by signing my name below, I am signing HFHGC's Volunteer Waiver of Liability. This constitutes a legal signature confirming that I acknowledge and agree to the information above.		
Birthdate*	Are you under 18 years-old? *	If yes, name of parent/guardian*
Volunteer Signature*	Date of Signatures*	Parent/Guardian Signature (if under 18) *

\*required information



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Thank you for agreeing to give your time and talent to volunteer with us. It is volunteers like you that make Glynn County such an outstanding community. As with any volunteer project, we are required to ask you to read and acknowledge the following risk and liability matters pertaining to your participation. This is an annual form where you agree to release Habitat for Humanity of Glynn County Georgia of all liability while volunteering with any Habitat project. **This form is in effect for one year from the signing date.**

I, the volunteer, understand that I have voluntarily agreed to assist in this special project and desire to work as a volunteer for Habitat and engage in the activities related to being a volunteer. I understand that the activities associated with this project may include construction and rehabilitating residential buildings, working in the Habitat offices, working in the ReStore, participating in special events and fundraisers, and living in housing provided for volunteers by Habitat. As such, I fully acknowledge and accept that I do this "at my own physical risk," i.e. if there is an injury of any kind from participating in the event or using any of the available equipment, I will personally assume this liability and agree to waive all claims against Habitat for Humanity of Glynn County Georgia (HFHGC). I am aware that this is a release of certain rights and sign it of my own free will.

**Release & Waiver:** I, the volunteer, do hereby release and forever discharge and hold harmless HFHGC and its successors and assign 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 activities with HFHGC.

I understand that this Release discharges HFHGC from any liability or claim that I may have against HFHGC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer activities with HFHGC, whether caused by the negligence of HFHGC or its officers, directors, employees, or agents or otherwise. I also understand that HFHGC 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.

**Assumption of the Risk:** I, the volunteer, understand that the activities include work that may be hazardous to myself, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. I understand that HFHGC has made tools and equipment available for my use. I agree that I will not use the tools/equipment until I determine that I can safely operate them.

In consideration of HFHGC making its tools/equipment available for my use, I agree to indemnify HFHGC against claims of injury or property damage arising from my use of the tools/equipment. I hereby expressly and specifically assume the risk of injury or harm in the activities and release HFHGC from all liability for injury, illness, death, or property damage resulting from the activities.

**Medical Treatment & Insurance:** I, the volunteer, do hereby release and forever discharge HFHGC 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 activities with HFHGC. I understand that, except as otherwise agreed to by HFHGC in writing, HFHGC does not carry or maintain health, medical, or disability insurance for any volunteer.

Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage.

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