

This	is a Release and Waiver of Liability (the "Release") made on thi		<u> </u>	, 2021	
	("Volunteer"), orration, and St. Lucie Habitat for Humanity, Inc., a Florida nonprofit coneir respective successors and assigns (collectively known as "Habitat")	rporation, t	of Habitat for Humanity Interr heir directors, officers, employees		
	unteer desires to work as a volunteer for Habitat and engage in the activithe Activities may include construction, deconstruction, rehabilitating nts.		•	•	
VOL	.UNTEER HEREBY freely, voluntarily, and without duress executes this F	Release pur	suant to the following terms:		
	RELEASE AND WAIVER - Volunteer does 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 of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat.				
	Volunteer understands that this Release discharges Habitat from any liability or claim that Volunteer 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, agents or otherwise.				
	Volunteer also understands that Habitat does not assume any rassistance, including but not limited to medical, health, or disability			nancial assistance or othe	
	It is the policy of St. Lucie Habitat for Humanity that children und construction in progress. Federal regulations prohibit minors betwee participate in other activities. Minors between the ages of 16 and 1 activities that are considered ultra-hazardous. These activities inclexcavation operation.	een the age 7 may perfo	s of 14 and 15 from working in ge orm general construction work, bu	neral construction, but may it may not engage in certair	
	MEDICAL TREATMENT - Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafte arise on account of any first aid, treatment, or service rendered in connection with Volunteer's Activities with Habitat, or with the decision be 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 Authorization for Treatment.				
	ASSUMPTION OF RISK - Volunteer understands that the Activities include work that may be hazardous to Volunteer, including, but not limited to, construction, rehabilitation, loading and unloading, transportation to and from the work sites, and consuming donated meals and snacks Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury illness, and death or property damage resulting from the Activities.				
	INSURANCE - Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not provide, carry, or maintain health, medical, travel, disability, or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his o her own medical or health insurance coverage.				
	PHOTOGRAPHIC RELEASE - Volunteer does hereby grant and convey unto Habitat all rights, title and interest in any and all photographic images and video or audio recordings made by Habitat during Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.				
	OTHER - Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the even 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 o provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.				
	Please go online to the following link to complete our recommended safety training: http://hfhafflliateinsurance.com/volunteers/				
	W WITNESS WHEREOF, Volunteer has read, understood, and executed this Release as of the date first above written.				
	Please legibly complete ALL information below				
	am 18 or older □ ~ Part of a Group? □ Team Leader? □ ~ Community Service? Court-Ordered □ School □				
	Volunteer Name:	Volun	teer Signature:		
	Volunteer Phone:	Witne	ss Signature:		
	Volunteer Email:	Emer	gency Contact Name:		
	Volunteer Address:	Emer	gency Contact Phone:		
	Volunteer City, State & Zip:	Notes	:		