

Absolute Waiver and Release from Liability

THIS DOCUMENT IS TO BE SIGNED BY ALL PERSONS PERFORMING VOLUNTEER WORK FOR HABITAT FOR HUMANITY MISSISSIPPI CAPITAL AREA PARENTS OR LEGAL GUARDIANS MUST SIGN FOR ALL HIGH SCHOOL VOLUNTEERS OR INDIVIDUALS UNDER THE AGE OF 18.

I understand that I (or my minor child) have volunteered for work for Habitat for Humanity Mississippi Capital Area and said work will expose myself (or my minor child) to potential risks of injury or illness, including death. I volunteer at my own (or my minor child) risk and assume all the risks associated with the work I (or my minor child) agreed to perform, said risks to include, but not be limited to all risks associated with the warehousing of goods and/or all risks associated with the construction of houses or other structures. I agree that I am responsible for my safety (or the safety of my minor child). I (or my minor child) further agree to release, indemnify and hold harmless Habitat for Humanity Mississippi Capital Area its employees, board of trustees, officers, agents and volunteers from any and all claims, demands, payments, suits, actions and recoveries, attorneys fees and judgments of whatsoever nature, kind and description brought, recovered or extracted against Habitat for, or on account of, any loss, damage or injury (including death) or any claim for loss, damage, injury or death received or sustained or alleged to have been received or sustained by the undersigned while volunteering for Habitat for Humanity Mississippi Capital Area.

Photographic Release: Unless otherwise indicated, I, the volunteer, grant and convey unto Habitat for Humanity/Mississippi Capital Area all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat for Humanity/Mississippi Capital Area during my work for Habitat for Humanity Mississippi Capital Area, for any purpose whatsoever-commercial or otherwise-without compensation to me.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE HABITAT FOR HUMANITY MISSISSIPPI CAPITAL AREA ABSOLUTE WAIVER AND RELEASE FROM LIABILITY AND I SIGN THIS WAIVER VOLUNTARILY, AND WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE RIGHTS I HEREBY WAIVE AND RELEASE AND I FURTHER AGREE TO BE BOUND BY ALL OF ITS TERMS.

Date _____ Construction Supervisor _____ Site Name/Address _____

Name (Print): _____ Shift(s) (circle) 8-12 1-4 All Day Address: _____ Zip: _____ Phone# _____ Email: _____ Are you between 21-40 and interested in Habitat Young Professionals? Yes No If volunteering as a group, please indicate the group you are associated with: _____ Signature (required): _____
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