

Date: _

Annual Volunteer Information & Waiver

(July 2019 - June 2020)

Office Use Only					
Date of Entry:					
Initials:					

Contact Information: (Please print your information	□□ New Volunteer	∟ Current	Volunteer		
Name:	Date of	birth:	_ (month)	(day)	(year)
Address:					
City:	State:	Zip:			
Home Phone:	Cell Phone:		Business Ph	one:	
Email:					_
Check here if you do NC Arizona.	OT want to receive our emails a	about what's h	appening at H	abitat for Human	ity Central
Employer:	Occupation:				
Faith group or other affiliation	(church, school, civic, etc.):				
Emergency Contact Name:		_ Relationsh	ip to you:		
Emergency Contact Phone #:		Alternate Phone #:			
IF YOU HAVE 1. Purpose. I, (PRINT FIRST AND Humanity Central Arizona ("Habi activities at locations throughout Martin Property of the Propert	tat"), a non-profit corporation, to			, applied to	
2. Acceptance of Risk. I am aware voluntarily participating in the act construction of residential building from building sites, and other relathat is not subject to regulation and understand and acknowledge that risks include death, paralysis, head and permanent physical injuries. I understand the danger involved in event I become ill or injured.	ivities of construction and/or rem gs, loading and unloading materia ted activities. I may also consume d inspection by the Maricopa or P these activities contain certain in d injuries, broken bones, cuts, bac acknowledge the risk of loss, the	odeling. These a als, painting, fin food or beverag final County Env herent risks, haz k and neck injur ft, or damage of	activities include hishing, framing, ges prepared by vironmental Hea zards and dange ries, exposure to my personal pro	e (but are not limite , transporting such Habitat or in a thir alth Services Depar ers that cannot be e o sun and heat, and operty at a constru	ed to) the materials to and d party kitchen tments. I liminated. Such other temporary ction site. I
3. <u>Safety Rules and Protective Equ</u> construction site, I acknowledge the of construction activities Habitat in will be fully responsible for any reverify this statement by placing m	nat I have received one or more sa may recommend wearing protective clated accident or injury. Thus, I as may initials here:	fety briefings by ve equipment, a gree to accept ar	y Habitat. I ackn nd that if I choos ny and all risks o	owledge that for co se not to wear such of injury, illness, or	ertain types equipment, I death, and
4. <u>Release</u> . In exchange for being heirs, personal representatives, an					

employees, volunteers, suppliers, contractors, subcontractors, attorneys, or the owner of any home at which I work (the "Released Parties") for injuries, illnesses or damages resulting from the negligent or intentional acts or omissions of the Released Parties. I waive and release the Released Parties from all actions, claims, or demands that I, my heirs, personal representatives, or assigns now have or

may have in the future for injuries, damages or death resulting from my participation in any Habitat activities.

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expenses (including attorneys' fees) resulting from or relating to, in whole or in part, my participation as a volunteer in construction and other activities of Habitat. 6. Release of Media Rights. I give to Habitat all right, title and interest I may have in any and all photographic images, video or audio recordings, interviews, and other written, visual or broadcast media made, originated or created by Habitat or its agents or employees during or in connection with Habitat's home-building program, including (but not limited to) any royalties, proceeds, or other benefits derived from such materials. Habitat, without any cost, liability or obligation to identify the source, shall have the right to use, publish, archive, and copy any and all photographic images, videos or audio recordings, interviews, and other written, visual, audio or broadcast media in any format created by me in the course of my participation in any Habitat activities. 7. Background Check. Habitat screens potential volunteers through background checks and the National Sex Offender Public Registry and the Arizona Department of Safety Sex Offender Info Center. By completing this application, I understand that I am submitting to such inquiry and verify this statement by **placing my initials here:** 8. Read and Understood. I have carefully read this Agreement and I fully understand its contents. I am aware that this is a legal contract between Habitat and me and that it affects my legal rights. I also understand that by releasing Habitat from liability, I am giving up certain rights that I would otherwise have. I acknowledge that I have had the opportunity to review this document and to seek legal advice if I have any questions, and I verify this statement by placing my initials here: 9. <u>Insurance</u>. I understand that Habitat does not maintain or provide health or medical insurance for work project volunteers like me. I understand that I may from time to time perform construction or other activities on existing homes, and that the owners may not maintain homeowner's insurance. 10. Intent of Agreement. I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arizona and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Arizona. 11. Waiver of Jury Trial. In the event of any claim, suit or dispute relating to this Agreement or any of the activities or other matters described in the Agreement, I hereby knowingly and intentionally, to the greatest extent permitted by law, expressly waive any right to trial by jury. 12. Entire Agreement and Enforceability. This Agreement is the entire agreement and understanding between Habitat and me. This agreement may not be changed, waived, discharged, or terminated unless agreed to in writing by Habitat and me. I agree that in the event that any clause, sentence, or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the validity of that clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be This Agreement is binding upon me and my heirs, personal representatives, and assigns, and any other person making a claim on my behalf. In addition, if I am a married person, I agree that this Agreement is made by me on my behalf and on behalf of the marital community of my spouse and me, and I agree that this Agreement will be binding on that marital community. Participant Signature: X Signed in: If you are under 18 years of age, it is required that your parent/guardian sign this document. Parent/Guardian Signature: X Signed in: __ , ARIZONA On: (City) (Date) **Declaration of Witness**

5. Indemnity. I agree to indemnify and hold harmless the Released Parties from any and all loss, liability, claims, damages, costs and

Declaration of Witness: I hereby certify that the person who signed above acknowledged in my presence that s/he had read and fully understood the meaning and consequences of the foregoing Assumption of Risk and Release From Liability Agreement, and signed in my presence.

Witness signature: X	On:	(DATE)
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