



Habitat for Humanity[®]
of Northern Virginia

FICH VOLUNTEER WAIVER FORM

Today's Date: _____

Name: _____ Group/Company: _____

Address: _____ City, State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Info

Name: _____ Relationship: _____ Phone Number: _____

RELEASE AND WAIVER OF LIABILITY

I, on behalf of myself (and my minor child/children identified below) hereby acknowledge that I am fully aware that participation in volunteer work for Habitat for Humanity of Northern Virginia, Inc. ("Habitat") may include exposure to risks on the construction site including, but not limited to, construction, loading and unloading, and transportation to and from the worksites, I do hereby expressly and specifically assume the risk of injury or harm and release Habitat from all liability for injury, illness, death, or property damage resulting from my activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Further, I acknowledge and represent that I have no knowledge or reason to know of any personal physical or mental limitations, conditions or other restrictions which would make any activities personally inadvisable (or inadvisable for my minor child/children).

I do hereby fully release and forever discharge Habitat and each of its directors, officers, employees, agents and representatives, of and from any and all actions, suits, controversies, liabilities, claims and demands, whatsoever in law or equity, which I (and/or any minor child/children) or my (or his/her/their) executors, administrators or heirs ever had, now has or may have in the future by reason of any matter, including, but not limited to, any cause of actions that might arise out of or in connection with my (or my minor child's/children's) participation in the activities of Habitat and specifically any injury or illness that I (or my minor child/children) may suffer. I expressly waive for myself (and my minor child/children) any claim for compensation on the part of Habitat beyond what may be offered freely by authorized representatives of Habitat in the event of any injury or medical expense incurred by me (or my minor child/children). I 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 my activities with Habitat. I understand that, except as otherwise agreed to by Habitat in writing, Habitat does not maintain health, medical, or disability insurance for any volunteer.

On behalf of myself (and my minor child/children), I also convey all right, title and interest in any photographic images and video or audio recordings made by Habitat (or at the organization's direction) during my volunteer activities with Habitat.

Print Name: _____ Signature: _____

If under 18 years of age:

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____ DOB: ____/____/____