

RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed by _____ (The "Volunteer"), in favor of _____ (The "Habitat").

Clinch River Habitat for Humanity, Inc., a Tennessee non profit corporation, its directors, officers, employees and agents (collectively, "Habitat"). The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings, working in the Habitat offices and living in housing provided for volunteers of Habitat. The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:

- 1. Waiver and Release. 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 or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Habitat.
2. Medical Treatment. Volunteer does hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for Habitat.
3. Assumption of the Risk. The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading and transportation to and from the work sites.
4. Insurance. The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry primary medical or disability insurance coverage for any Volunteer.
5. Photographic Release. Volunteer does hereby grant and convey unto Habitat all right, title and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's work for Habitat.
6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee...

Date: _____

Volunteer: _____ Signature

Type of Volunteer:

- Court Ordered _____
School Project _____
TN Promise _____
Other _____

Address: _____

Email Address: _____

Phone (H): _____

(W): _____

(C): _____

EMERGENCY MEDICAL INFORMATION

NOTE: All items require an entry. If you do not know or have no answer, then specify by entering "None".

Name of Volunteer: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Please provide information for someone who can make medical decisions for you if you are unable to do so. "None" is not acceptable for this part.

Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W or C): _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:

Date of birth: _____

Allergies (medicine, food, insects, etc.): _____

Medications being taken: _____

Physical Impairments: _____

Other: _____

Primary Physician:

Name: _____

Address: _____

Phone (W): _____

Health Insurance Coverage:

Company Name: _____

Policy/ID Number: _____

Insurance agent: _____



Clinch River Habitat For Humanity
VOLUNTARY INFORMATION

The following information is requested by the organization that provides funding for many of our efforts. You are not required to furnish this information, but are encouraged to do so. If you choose not to furnish this information, we will note race and sex for the purposes of reporting demographics on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

We will not discriminate on the basis of the information you provide, or on whether you choose not to furnish it.

Name: _____

- Race: [] I do not wish to provide this information
[] American Indian or Alaskan Native
[] Asian
[] White
[] Native Hawaiian/Pacific Islander
[] Black or African American
[] American Indian or Alaska Native & White
[] American Indian/Alaska Native & Black/African American
[] Asian & White
[] Black/African American & White
[] Other Multi-Racial (specify) _____

Ethnicity: [] Hispanic or Latino [] Non Hispanic or Latino

Gender: [] Female [] Male

- Age: _____ Under 25
_____ Between 25 and 35
_____ Between 36 and 55
_____ Between 56 and 65
_____ Over 65

Are you disabled? Yes or No

Are you a veteran of the Armed Services? Yes or No

If yes, which branch? _____

Thank you!!