

**RELEASE AND WAIVER OF LIABILITY FOR MINORS**

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

This Release and Waiver of Liability (the "Release") is executed by \_\_\_\_\_, a minor child (the "Volunteer"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the Volunteer (the "Guardian"), in favor of Clinch River Habitat for Humanity, Inc., a Tennessee nonprofit corporation, its directors, officers, employees and agents (collectively, "Habitat"). The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer and the Guardian understand 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 and Guardian do hereby freely, voluntarily and without duress execute this Release under the following terms:

- 1. **Waiver and Release.** Volunteer and Guardian do 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. Volunteer and Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer of Guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death or property damages that may result from Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. **Medical Treatment.** Volunteer and Guardian do 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 or with the decision by a 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 Parental Authorization for Treatment of a Minor Child.
- 3. **Assumption of the Risk.** The Volunteer and Guardian understand 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. Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for Habitat.
- 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. However, Habitat does carry *secondary* medical and disability insurance for Volunteers. **Each Volunteer is expected and encouraged to obtain his or her own primary medical and disability insurance coverage.**
- 5. **Photographic Release.** Volunteer and Guardian do 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, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. **Other.** Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. Volunteer and Guardian agree that in the event 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 or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Date: \_\_\_\_\_

Volunteer: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Signature

**Type of Volunteer:**  
Court Ordered \_\_\_\_\_  
School Project \_\_\_\_\_  
TN Promise \_\_\_\_\_  
Other \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (H) \_\_\_\_\_  
(C) \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR  
TREATMENT OF A MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian having custody  
(please print)

of \_\_\_\_\_, a minor child. As such parent or legal guardian,  
(please print)

I hereby authorize and appoint \_\_\_\_\_, an adult in whose  
(please print)

care the minor child has been entrusted or a duly authorized agent of Clinch River  
Habitat for Humanity, Inc., as my agent to act for me with respect to my minor child,  
\_\_\_\_\_ concerning my minor child's personal care,

(please print)

medical treatment or procedure, including x-ray examination, anesthetic, medical or  
surgical diagnosis or treatment or procedure, including x-ray examination, anesthetic,  
medical or surgical diagnosis or treatment which may be rendered to my minor child  
under the general or special supervision and on the advice of any physician or surgeon  
licensed to practice in the state in which treatment is sought. My agent shall have the  
same access to my minor child's medical records that I have, including the right to  
disclose the contents to others.

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Signature

This Parental Authorization for Treatment of a Minor Child sworn to and  
subscribed before me by \_\_\_\_\_, the parent or legal  
guardian of \_\_\_\_\_, a minor child, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

# 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!!