



1269 Industrial Drive  
New Braunfels, TX –78130

**RELEASE AND  
WAIVER OF LIABILITY**

Volunteer Name <i>(Please Complete in All Caps)</i>		
First Name		
Last Name		
Date		
First Time Volunteer	Yes	No
Please circle age	16	17/18 or older
<b><i>This waiver is applicable for 1 year from this date</i></b>		

***Please read carefully! This is a legal document that affects your legal rights!***

For the purpose of this agreement, **Habitat** refers to both Comal County Habitat for Humanity and Habitat for Humanity International. **Volunteer** refers to the individual volunteering with Habitat; if the Volunteer is less than the age of 18, it also refers to the Volunteer’s parent or guardian. The Volunteer named above desires to work as a volunteer for Habitat, a nonprofit corporation, and engage in the activities related to being a volunteer. These may include constructing, rehabilitating, or deconstructing buildings, working in the Habitat offices or ReStore, the construction warehouse, or living in housing provided for volunteers of Habitat.

The Volunteer freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER:** The Volunteer releases and forever discharges and holds harmless Habitat and its successors and assigns from any and all liability or claims that the Volunteer (or the Volunteer’s heirs or assigns) may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s activities with Habitat. **THE VOLUNTEER UNDERSTANDS AND ACKNOWLEDGES THAT THE CLAIMS BEING RELEASED HEREIN INCLUDE, WITHOUT LIMITATION,**

**ASSUMPTION OF RISK:** The Volunteer understands that activities may be hazardous to the volunteer, including but not limited to, construction, deconstruction and rehabilitation of residential housing. The Volunteer expressly and specifically assumes the risk of injury or harm in these activities.

**INSURANCE:** Although Comal County Habitat carries medical insurance for volunteer injuries, each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**SEX OFFENDER REGISTRY:** Volunteer understands that Habitat screens all volunteers on the National Sex Offender Public Registry, and that by signing this waiver, volunteer submits to such inquiry.

**PHOTOGRAPHIC RELEASE:** Volunteer grants and conveys to Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer’s activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**TEXAS LAW:** Volunteer expressly agrees that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that it shall be governed and interpreted in accordance with the laws of the State of Texas. Furthermore, volunteer expressly agrees that if any one or more of the provisions contained in this Release and Waiver of Liability are held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release of Liability, which shall otherwise continue to be enforceable.

Volunteer’s Street Address		
Volunteer City, State, ZIP		
Volunteer Phone	Home	
	Cell	
Volunteer Email Address		
Name of emergency Contact		
Emergency Contact Phone Number		
Relationship to Volunteer		
check and complete one of the following statement	<input type="checkbox"/> Volunteer has no allergies to medication or other special needs	
	<input type="checkbox"/> Volunteer has allergies to medication or other special needs	
Please Circle area of volunteer	Construction / ReStore	
	Women Build/ Committee	
	Admin /Intern /Others	
How did you hear about us ?		
Volunteer Signature		
If volunteer is under age 18, signature of parent or guardian		
CCHFV Office use only	Database Entry Date	Group