



<b>Office Use Only</b>
Date of Entry: _____
Initials: _____
VP: _____

<input type="checkbox"/> <i>New Volunteer</i>
<input type="checkbox"/> <i>Current Volunteer</i>

## Annual Volunteer Information & Waiver

**Biographical Information:**

Name (please print clearly): \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, please keep me informed about what's happening at Habitat for Humanity Valley of the Sun.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Faith group or other affiliation (church, school, civic, etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Yes, I would like more information on additional volunteer opportunities.

## ASSUMPTION OF RISK AND RELEASE FROM LIABILITY AGREEMENT

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

**IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, PLEASE CONTACT AN ATTORNEY.**

1. Purpose. I, \_\_\_\_\_, (Print first and last name) applied to Habitat for Humanity - Valley of the Sun ("Habitat"), a non-profit corporation, to participate without pay as a volunteer in construction and other activities at locations in or around Phoenix, Arizona.

2. Acceptance of Risk. I am aware that CONSTRUCTION IS A HAZARDOUS ACTIVITY AND ENTAILS NUMEROUS RISKS. I am voluntarily participating in the activities of construction. These construction activities include (but are not limited to) the construction of residential buildings, loading and unloading materials, painting, finishing, framing, transporting such materials to and from building sites, and other related activities. I may also consume food or beverages prepared by Habitat or in a third party kitchen that is not subject to regulation and inspection by the Maricopa County Environmental Health Services Department. I understand the danger involved in such activities and participate with the knowledge that medical facilities may not be available in the event I become ill or injured. Thus, I agree to accept any and all risks of injury, illness, or death, and verify this statement by placing my initials here:

3. Release. In exchange for being permitted by Habitat to participate in these activities and use their tools and facilities, I agree that I, my heirs, personal representatives, and assigns, will not make a claim against Habitat or its directors, officers, agents, employees, volunteers, suppliers, contractors, subcontractors, or attorneys (the "Released Parties") for injuries, illnesses or damages resulting from the negligent or intentional acts or omissions of the Released Parties. I 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.

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

5. Additional Release. I transfer 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.

6. Comprehension and Appreciation. I have carefully read this Assumption of Risk and Release of Liability Agreement and I fully understand its contents. I am aware that this is a legal contract between Habitat and myself 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 retain. 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:

7. Insurance. I understand that Habitat does not maintain health insurance for work project volunteers like me.

8. 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.

9. Arbitration. In the event of any claim or dispute relating to this Agreement or any of the activities or other matters described in the Agreement, I agree that such disputes shall be settled by binding arbitration in the City of Phoenix, in accordance with the rules then prevailing of the American Arbitration Association, in lieu and instead of a jury trial. I verify this statement by placing my initials here:

10. Entire Agreement. This Agreement embodies 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.

11. Severability. 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 enforceable.

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:** \_\_\_\_\_, ARIZONA **On:** \_\_\_\_\_ (DATE)  
(City)

**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:** \_\_\_\_\_ (DATE)  
(City)

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

Witness signature: X \_\_\_\_\_ **On:** \_\_\_\_\_ (DATE)



ROC# 170225

