

Release and Waiver of Liability and Parental Authorization for Treatment of a Minor Child

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

RIGHTS!
This Release and Waiver of Liability (the "Release") is executed on this day of, a minor child (the "Volunteer") age, and, the parent having legal custody and/or the legal guardian of the Volunteer (the "Guardian"), in favor of Habitat for Humanity of E Dorado County, Inc., a California nonprofit corporation, its directors, officers, employees and agents (collectively "Habitat").
The Volunteer and Guardian desire that the Volunteer works 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 or Guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, 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 any 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.
As parent or legal guardian, I hereby authorize and appoint an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity El Dorado County, Inc., as my agent to act for me with respect to my minor child, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any and all decisions for me with respect to my minor child act in person to make any any act in the minor child act in person to make any any act in the minor child act in the minor
and health care, and to require, withhold or withdraw any type of medical 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.



(530) 621-2111

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 worksites.

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 from the activities of the Volunteer's work for Habitat.

4. Insurance: The Volunteer and Guardian understand that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health 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 California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. 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.

IN WITNESS WHEREOF. Volunteer and Guardian have executed this Release and Authorization of a Minor Child as of the day and year first above written.

Parent/Guardian:		
Address:		
City	State, Zip	
Phone: (H)	(W)	
Witness:		