

Important: Participants in the events listed below, **aged 18 & older**, must have a signed Waiver of Liability on file. Please complete and bring this form **with you** to the site on your scheduled workday. Please print legibly!
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

ADULT RELEASE AND WAIVER OF LIABILITY & EMERGENCY CONTACTS

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20____, by

_____(the "Participant") in favor of **SOLANO-NAPA HABITAT FOR HUMANITY, INC.** a non-profit corporation organized and existing under the laws of the State of California, USA, its directors, officers, employees, volunteers, and agents (collectively, "Habitat").

I, the Participant, desire to participate with Habitat on a project, and engage in the activities related to being a participant in the project noted below. I understand that the activities may include but are not limited to, walking, construction, being transported to and from event site locations, consuming food, working in the Habitat office and other participatory related activities.

Solano-Napa Habitat for Humanity Project: Volunteer participation at Habitat for Humanity ReStore, Fairfield, CA.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release:** I, the Participant, release and forever discharge and hold harmless Habitat from any claim or liability that I, the Participant, may have against Habitat with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the project. I 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, illness, death or property damage (see insurance requirements below).
- 2. Insurance:** I, the Participant, understand that Habitat may, in its sole discretion, elect to provide group insurance and make it available to project participants. Any coverage so provided will be governed by the policy language. Except to the extent it makes available such group accident insurance, Habitat does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant.

EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO ARRIVE AT PROJECT WITH MEDICAL OR HEALTH INSURANCE COVERAGE IN EFFECT.

- 3. Medical Treatment:** Except as otherwise agreed to by Habitat in writing, I hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation with Habitat.
- 4. Assumption of Risk:** I understand that my participation with Habitat may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the event sites. In recognition and understanding that my participation with Habitat may, in some situations, involve inherently dangerous activities, I 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 my time with Habitat.
- 5. Photographic Release:** I grant and convey unto Habitat all right, title and interest in any and all photographic images, digital images and video, audio or digital recordings made by Habitat during my work for Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Other:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California in the United States of America, and this Release shall be governed by and interpreted in accordance with the laws of the State of California. I 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.

To express my understanding of this Release, I sign here with a witness.

Participant: Name: (please print) _____

Signature: _____ Date: _____

Witness: Name: (please print) _____

Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Participant's Address: _____

Telephone Number: _____

E-Mail Address: _____

In case of emergency, please contact:

1. Name: _____

Relationship: _____

Phone (home) (____) _____ (work) (____) _____

2. Name: _____

Relationship: _____

Phone (home) (____) _____ (work) (____) _____

The following information may be needed by any hospital or medical practitioner not having access to your medical history:

Allergies to medicine, food, etc.: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other: _____

Personal Physician:

Name: _____

Phone (day) (____) _____ (night) (____) _____

Personal health insurance coverage:

Company: _____

Policy number: _____

Insurance agent: _____ Agent's phone: (____) _____