



LAPORTE COUNTY HABITAT FOR HUMANITY, INC.  
RELEASE AND WAIVER OF LIABILITY (rev. 5 25 2016)

**THIS RELEASE AND WAIVER OF LIABILITY** (the "Release") is signed on this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of **LaPorte County Habitat for Humanity** ("LCHFH", an Indiana non-profit corporation, and its directors, officers, employees, agents, successors, and assigns.

The Volunteer desires to participate in LaPorte County Habitat for Humanity's projects and activities related to such projects. The Volunteer understands that the projects and activities may include, but are not limited, to the following:

1. On-site house construction in the County of LaPorte, Indiana.
2. Travel to and from project site; and/or
3. Other activities related to LCHFH projects (e.g. promotions, fundraising, entertainment, etc.)

The Volunteer does hereby freely, voluntarily, and without duress execute this Release as follows:

1. **WAIVER AND RELEASE:** The Volunteer does hereby release and forever discharge and hold harmless **LaPorte County Habitat for Humanity** and its directors, officers, employees, agents, 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 the Volunteer's participation in **LaPorte County Habitat for Humanity** project or related activities.

The Volunteer understands and agrees that this Release discharges LCHFH from any liability or claim that the Volunteer may have against LCHFH with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's participation in a LCHFH project or related activity. The Volunteer also understands that LCHFH 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.

2. **MEDICAL TREATMENT:** The Volunteer does hereby release and forever discharge LCHFH from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's participation in a LCHFH project or related activity. The Volunteer understands and agrees that he or she is responsible for securing appropriate medical insurance coverage.
3. **ASSUMPTION OF RISK:** The Volunteer understands and acknowledges that LCHFH building projects may include activities that may be hazardous to the Volunteer. The Volunteer further understands and acknowledges that any food, accommodations and medical facilities that may be donated to LCHFH are beyond the control of LCHFH.

The Volunteer hereby expressly and specifically assumes the risk or harm that is or may be involved in the Volunteer's participation in LCHFH projects and activities and releases LCHFH from all liability from injury, illness, death or property damage resulting from the Volunteer's participation in any such LCHFH projects or activities.

LCHFH retains the right to limit or prohibit participation of the Volunteer in the activities of a LCHFH project or related activities if LCHFH determines for any reason that such participation will not be in the best interest of

LCHFH or the Volunteer. The Volunteer understands that he or she will be responsible for the payment of any expenses incurred as a result of the application of this section.

4. **PHOTOGRAPHIC/PUBLICITY RELEASE:** The Volunteer does hereby grant and convey unto LCHFH all right, title, and interest in any and all photographic images and video or audio recordings made by LCHFH during a LCHFH project or related activity.
5. **BINDING EFFECT:** This Release is intended to be and shall be binding upon the devisees, heirs, executors, administrators, and personal representatives, if any, of each of the undersigned.
6. **MISCELLANEOUS:** The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by law and that this Release shall be governed by and be interpreted in accordance with the laws of the State of Indiana. The Volunteer further agrees 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 in full force and effect.

By executing this Release, the undersigned acknowledge(s) and represent(s) that the volunteer is at least eighteen (18) years old. **If under 18 years old, please have a parent or guardian add a signature at the bottom of the form.**

IN WITNESS WHEREOF, I have executed this Release as of the day and year first above written. I further understand this Release is valid for two years from the date of signature.

Volunteer: \_\_\_\_\_  
(Please print name)

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

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

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

Phone Number (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

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

In case emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ ( Cell) \_\_\_\_\_

**Signature of Parent or Guardian if under 18 years old** \_\_\_\_\_

**Name of Parent or Guardian if under 18 years old** \_\_\_\_\_