



**Habitat
for Humanity**
of Pulaski County

Construction Volunteer Form

Site of this project: _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Birthday : _____ (mm/dd/yy) Age: _____

Cell Phone Number: _____ Work Phone: _____

Employer: _____ Occupation: _____

Associations/Groups in which you are volunteering today:

We want to thank you for your time and keep you updated about what we are doing!

Please provide your email address. We promise not to send spam!

Email: _____

In Case of an Emergency:

Emergency Contact Name: _____

Relationship to You: _____

Phone Number: (Home) _____ (Work) _____

(Cell Phone) _____

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!
RELEASE & WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 20____
by _____ (the "Volunteer") in favor of Habitat for Humanity of
Pulaski County; a nonprofit corporation organized and existing under the laws of the State of Arkansas,
USA, and/or Habitat for Humanity International of Americus, GA, its directors, officers, employees and
agents (collectively, "Habitat").

I, the Volunteer, desire to work as a volunteer for Habitat for Humanity of Pulaski County and engage in
the activities related to being a volunteer for a work project. I understand the activities may include but are
not limited to: traveling to and from other cities and towns, consuming food and living in accommodations
available and provided away from home, working in the Habitat offices, construction, rehabilitating
residential buildings, and other construction related activities.

1. **Waiver and Release.** I, the Volunteer, 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 my work for Habitat.
2. **Insurance.** I, the Volunteer, 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.
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 time
with Habitat.
4. **Assumption of the Risk.** I understand that my time 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 work sites. So, I recognize and
understand that my time 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 fro injury, illness, death, or property damage resulting from the activities of
my time Habitat.
5. **Photographic Release.** I 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 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 Arkansas in the United States of America, and that this Release shall be governed
by and interpreted in accordance with the laws of the State of Arkansas. 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 clause shall not otherwise affect the remaining
provisions of this Release, which shall continue to be enforceable.

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

Volunteer: Name: (Please Print) _____

Signature: _____ Date: _____

Witness: Name: (Please Print) _____

Signature: _____ Date: _____