



HABITAT FOR HUMANITY OF WINCHESTER-FREDERICK COUNTY
P.O. Box 1653, Winchester, VA 22604 (540) 662-7066

2011

**AFFILIATE VOLUNTEER EMERGENCY/
MEDICAL INFORMATION**

DATE _____ CIRCLE ONE: Mr. Mrs. Ms. _____ Date of birth _____
(write in)

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT PERSON & NUMBERS

NAME _____ CITY _____

#1 CELL _____ #2 WORK _____

#3 HOME _____ Other _____

MEDICAL EMERGENCY INFORMATION

Do you have any significant medical history that might require care while volunteering on a Habitat site (i.e. diabetes, seizures, allergic reactions, etc.)?

Do you have any allergies? YES ___ NO ___ If YES, what? _____

Do you carry medications that might need to be utilized during one of the above mentioned medical emergencies?

YES ___ NO ___ If YES, what? _____

PERSONAL PHYSICIAN INFORMATION

Name of Personal Physician _____ City _____

Phone _____ Other _____

MEDICAL INSURANCE INFORMATION

Company _____ Policy # _____

RELEASE AND WAIVER OF LIABILITY

Please read carefully before signing.

This is a legal document which affects your legal rights.

THIS RELEASE AND WAIVER OF LIABILITY (herein "Release") is executed on the date below by the undersigned volunteer (herein "Volunteer") in favor of Habitat for Humanity of Winchester-Frederick County, a Virginia nonprofit corporation, its directors, officers, employees, and agents (collectively "Habitat"). The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer. As an inducement to Habitat to accept Volunteer's offer of volunteer work, Volunteer does hereby freely execute this Release under the following terms:

1. **Waiver and Release:** The Volunteer does hereby and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or equity, which arise or may hereafter arise, either directly or indirectly, as a result of Volunteer's work for Habitat. The Volunteer understands and acknowledges that this Release discharges Habitat from any liability of claim that the Volunteer may have against Habitat with respect to any bodily injury, illness, death, or property damage that may result from the Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, other volunteers or agents, or otherwise. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by and interpreted in accordance with the laws of Commonwealth of Virginia.
2. **Assumption of Risk:** The Volunteer understands that the work for Habitat may include activities that are inherently dangerous to the Volunteer, including but not limited to, construction, loading and unloading, and travel to and from the work sites. The Volunteer hereby expressly and specifically assumes the risk of injury, illness, death, or property damage resulting from activities associated with the Volunteer's work for Habitat.
3. **Photographic Release:** The Volunteer does hereby grant and convey unto Habitat the right to freely reproduce and/or circulate any photographs or other recordings of the Volunteer for any lawful purpose. Volunteer shall not be entitled to any compensation therefore, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

—Office Use Only—
Notations:
<input type="checkbox"/> CSV?

Volunteer _____
(clearly print name)

Volunteer _____
(signature)

To be signed by Parent or Guardian of Volunteer under Age 18

I, the undersigned parent or legal guardian of the above-named Volunteer, understand that the Volunteer is below the age of 18 years, and I hereby consent to Volunteer's participation in activities sponsored by Habitat. I understand that Volunteer's work may involve inherently dangerous activities and I hereby freely agree to all of the terms and conditions of the above Release.

Parent/Legal Guardian _____
(clearly print name)

Parent/Legal Guardian _____
(signature)