

RELEASE AND WAIVER OF LIABILITY FOR MINORS

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

This Release and Waiver of Liability (the "Release") is executed by \_\_\_\_\_, a minor child (the "Volunteer"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the Volunteer (the "Guardian"), in favor of Habitat for Humanity of Anderson County, Inc., a Tennessee nonprofit corporation, its directors, officers, employees and agents (collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer work 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.
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 a 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.
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 work sites.
4. Insurance. The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry primary medical or disability insurance coverage for any Volunteer.
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 Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee.

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature

Type of Volunteer:
Court Ordered
School Project
TN Promise
Other

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

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

# EMERGENCY MEDICAL INFORMATION

**NOTE: All items require an entry. If you do not know or have no answer, then specify by entering "None".**

Name of Volunteer: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

*Please provide information for someone who can make medical decisions for you if you are unable to do so. "None" is not acceptable for this part.*

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

Relation: \_\_\_\_\_

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

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

Phone (H): \_\_\_\_\_ (W or C): \_\_\_\_\_

**The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:**

Date of birth: \_\_\_\_\_

Allergies (medicine, food, insects, etc.): \_\_\_\_\_

\_\_\_\_\_

Medications being taken: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**Primary Physician:**

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

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

Phone (W): \_\_\_\_\_

**Health Insurance Coverage:**

Company Name: \_\_\_\_\_

Policy/ID Number: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR  
TREATMENT OF A MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian having custody  
(please print)

of \_\_\_\_\_, a minor child. As such parent or legal guardian,  
(please print)

I hereby authorize and appoint \_\_\_\_\_, an adult in whose care  
(please print)

the minor child has been entrusted or a duly authorized agent of Habitat for  
Humanity of Anderson County, inc., as my agent to act for me with respect to my  
minor child, \_\_\_\_\_, concerning my minor child's personal care,  
(please print)

medical treatment or procedure, including x-ray examination, anesthetic, medical  
or surgical diagnosis or 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.

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Signature

This Parental Authorization for Treatment of a Minor Child sworn to and  
subscribed before me by \_\_\_\_\_, the parent or legal  
guardian of \_\_\_\_\_, a minor child, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_