



RELEASE WAIVER AND INDEMNITY

Instructions:

This form must be completed and submitted to Habitat for Humanity 1000 Islands by all new volunteers prior to starting any volunteer activity. If you are completing by hand, please print clearly. Please note that we cannot accept volunteers under 16 years of age.

Date (mm/dd/yyyy)	
First Name	
Last Name	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Date of Birth (mm/dd/yyyy)	
Address	
City	
Province	
Postal Code	
Email address	
Cell Phone	
Home Phone	
Work Phone	
Preferred contacted	<input type="checkbox"/> Home # <input type="checkbox"/> Cell # <input type="checkbox"/> Work # <input type="checkbox"/> Email
Emergency Contact Name	
Relationship	
Cell Phone	
Home Phone	
Work Phone	
Email address	
Current Volunteer Activity	

THIS RELEASE WAIVER AND INDEMNITY (the "Release") signed on ____ (mm/dd/yyyy) by ____ is in favour of Habitat for Humanity 1000 Islands ("Habitat 1000 Islands"), an Ontario non-profit corporation, Habitat for Humanity Canada and Habitat for Humanity International and all of their respective directors, officers, employees, contractors, members, agents and donors; all title house donors, all sponsors, all media partners, all contributors of services, food, beverages, shelter and transportation, and each of their respective directors, officers, employees, contractors, members and agents; all registered owners of properties at which salvage operations are conducted and their directors, officers, employees, contractors, members and agents where such registered owner is a corporate entity; any owner/operator of any trade show or public event at which Habitat 1000 Islands may be participating and the owner/operator's directors, officers, employees, contractors, members and agents; and all partner families.

I wish to participate in any of Habitat Islands's program activities located at any of its office, ReStore, warehouse, salvage or build locations or at a location of any trade show or public event in which Habitat 1000 Islands is participating. I understand that such activities may include lifting, climbing, use of tools and other physical activities.

In consideration of my desiring to participate in Habitat 1000 Island's program activities:

1. WAIVER AND RELEASE: I, my heirs, executors, estate trustees with or without a Will, administrators, successors and assigns do hereby release and forever discharge and hold harmless Habitat 1000 Islands, Habitat for Humanity Canada and Habitat for Humanity International and their respective directors, officers, employees, contractors, members, agents and donors; all title house donors, all sponsors, all media partners, all contributors of services, food, beverages, shelter and transportation, and each of their respective directors, officers, employees, contractors, members and agents; all registered owners of properties at which salvage operations are conducted and their directors, officers, employees, contractors, members and agents where such registered owner is a corporate entity; any owner/operator of any trade show or public event at which Habitat 1000 Islands may be participating and the owner/operator's directors, officers, employees, contractors, members and agents; and all partner



families; from any claims, demands, damages both direct and indirect, costs, expenses, actions and causes of actions, whether in law or equity, in respect of death, injury, loss or damage to my person or property, howsoever caused arising or to arise by reason of my participation in or attendance at any of Habitat 1000 Island's office, ReStore, warehouse, salvage or build location or at a location of any trade show or public event at which Habitat 1000 Islands is participating.

2. **MEDICAL TREATMENT:** I, my heirs, executors, estate trustees with or without a Will, administrators, successors and assigns do hereby release, waive and forever discharge Habitat 1000 Islands, Habitat for Humanity Canada and Habitat for Humanity International and their respective directors, officers, employees, contractors, members, agents; all title house donors, all sponsors, all media partners, all contributors of services, food, beverages, shelter and transportation, and each of their respective directors, officers, employees, contractors, members and agents; all registered owners of properties at which salvage operations are conducted and their directors, officers, employees, contractors, members and agents where such registered owner is a corporate entity; any owner/operator of any trade show or public event at which Habitat 1000 Islands may be participating and its directors, officers, employees, contractors, members and agents; and all partner families from any claim, demands, damages both direct and indirect, costs, expenses, actions and causes of actions, whether in law or equity, in respect of death, injury, loss or damage to my person or property, howsoever caused arising or to arise on account of any first aid, treatment, or other medical service rendered in connection with my participation in or attendance at any of Habitat 1000 Island's office, ReStore, warehouse, salvage or build locations or at a location of any trade show or public event at which Habitat 1000 Islands is participating. I understand that I am responsible for securing all appropriate medical insurance coverage. I acknowledge and accept that any such medical services as may be available may be performed by volunteers or outside agencies and that Habitat 1000 Islands has no control or responsibility for the quality of any medical attention that may be provided.
3. **ASSUMPTION OF RISK:** I understand that volunteer work may include activities that may be hazardous and that goods and equipment may be donated to Habitat 1000 Islands and beyond the control of Habitat 1000 Islands. As such, Habitat 1000 Islands cannot and will not assume any liability for the condition of such goods and equipment or of the nature of the activity. I understand that Habitat 1000 Islands retains the right to limit or prohibit my participation in any activities of Habitat 1000 Islands if Habitat 1000 Islands determines that such participation will not be in the best interests of either it or me. I understand that I will be responsible for the payment of any expenses incurred as a result of application of this section.
4. **PHOTOGRAPHIC RELEASES:** I do hereby grant and convey to Habitat 1000 Islands all rights, title and interest in any and all photographic images, whether electronic or otherwise, and in any video or audio recordings made by Habitat 1000 Islands or its media partners. I further understand that Habitat 1000 Islands may use, or authorize use of such images and recordings for broadcasting and in fundraising and other corporate materials and I consent to such use.
5. **OTHER:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Province of Ontario, and that this Release shall be governed by and be interpreted in accordance with the laws of the Province of Ontario. 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 a clause or provision shall not otherwise affect the remaining provisions of this Release that shall continue to be enforceable.
6. **HUMANITY 1000 ISLANDS PRIVACY OF INFORMATION STATEMENT:** We do not sell, trade, rent or in any way distribute your personal information. We use your information to keep you periodically informed of our activities including programs, funding needs, special events, and opportunities to volunteer or to donate. If you do not wish us to contact you, please notify us by telephone, or by mail, with your full name and address. We will remove your name from our confidential list within 30 days of receipt. Otherwise by signing this Release you are consenting to the use of your personal information for the above-noted purposes. Our Privacy Policy can be viewed at www.habitat1000islands.com.

IN WITNESS WHEREOF I have executed this Release as of the day and year first above written.

VOLUNTEER:

WITNESS:

Volunteer Name **Printed**

Witness Name **Printed**

Volunteer Name *Signed*
or Parent/Guardian signs, if volunteer is under 18 years of age

Witness Name *Signed*

Last modified: March 03, 2009