

## Release and Waiver of Liability for Minors

Please read carefully. This is a legal document that affects your legal rights.

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home or Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address (Please Print): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone No. (\_\_\_\_) \_\_\_\_\_

Medical Information (allergies, etc.): \_\_\_\_\_

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 DDD, a nonprofit corporation, their directors, officers, employees, volunteers and agents (collectively, "DDD"). The Volunteer and Guardian desire that the Volunteer work as a volunteer for DDD and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and Guardians hereby freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER** – Volunteer and Guardians do hereby release and forever discharge and hold harmless DDD 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 Activities with DDD. Volunteer and Guardians understand that this Release discharges DDD from any liability or claim that the Volunteer or Guardians may have against DDD with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with DDD, whether caused by the negligence of DDD or its officers, directors, employees, or agents or otherwise. Volunteer and Guardians also understand that DDD 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 in the event of injury or death.

**MEDICAL TREATMENT** – Volunteer and Guardians do hereby release and forever discharge DDD 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 Activities with DDD or with the decision by any representative or agent of DDD 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.

**ASSUMPTION OF RISK** – Volunteer and Guardians hereby expressly and specifically assume the risk of injury or harm in the Activities and releases DDD from all liability for injury, illness, death, or property damage resulting from the Activities. Volunteer agrees to follow the safety rules.

**INSURANCE** – The Volunteer and Guardians understand that, except as otherwise agreed to by DDD in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**PHOTOGRAPHIC RELEASE** – Volunteer and Guardians do hereby grant and convey unto DDD all right, title and interest in any and all photographic images and video or audio recordings made by DDD during the Volunteer’s Activities with DDD, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**OTHER** – Volunteer and Guardians expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Kansas. Volunteer and Guardians 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 shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. The Volunteer and Guardians acknowledge with the signature below that they have received safety information, have read it, and understand its contents.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_