

YOUTH VOLUNTEER REGISTRATION/RELEASE FORM

Please PRINT LEGIBLY.

Name _____

Date of Birth _____ School Attending _____ Grade _____

Are you volunteering as part of a Church/Faith affiliation? __ Yes __ No

Home Address _____

City _____ State _____ Zip _____

Phone (H) _____ E-mail _____

YOUTH VOLUNTEER LIABILITY RELEASE

I hereby release Habitat for Humanity of Mahoning County and any of its affiliates or associations, including any of its agents, employees, directors, officers, or workers, from any and all claims, demands, suits, or causes of action against it which I have or may have in the future with regard to any and all accidents, injuries or damages to me or my property arising from the work performed on Habitat projects.

I understand that _____ is a volunteer working on this project and as such waive all rights to claims, demands, suits or causes of action for injury or damage sustained in relation thereto. I **do not** have any medical or physical limitations which would restrict the work I can do on a Habitat construction project.

I further represent that the above volunteer is COVERED UNDER _____ medical insurance which will cover any and all injuries or medical conditions which must be treated in connection with any and all accidents related to working as a volunteer on a Habitat for Humanity of Mahoning County project.

I further **AGREE** **DO NOT AGREE** to allow any photos taken of me at Habitat for Humanity of Mahoning events to be used for Habitat purposes.

I further state that I have carefully read the foregoing release and know the contents thereof and sign as my own free act.

(Please print legibly your name)

(Volunteer signature)

Dated: _____

(Signature of parent/guardian)

Dated _____

(Designated Supervisor Signature)