

Hartford Area Habitat for Humanity Volunteer Insurance Waiver

Worksite: _____

Work Date: _____

Check here if you have volunteered in the past six months. Please enter just your name and emergency contact info, and update anything that has changed since last time, Then sign and date the form.

<i>* Required information</i>	<i>Please print</i>
Name*	
Street address*	
City*	
State*	
Zip Code*	
Primary telephone number*	
Date of Birth*	
Emergency Contact* Name and phone number	
Email Address	
Employer (please include company and town)	
Place of Worship	
Group you are Volunteering With	

I understand that Hartford Area Habitat for Humanity, Inc. (HAHfH) cannot be liable for any injuries or illness that I may suffer as a volunteer in their program. I expressly waive any such claim for compensation or liability on the part of HAHfH beyond:

- a) what may be freely offered by representatives of HAHfH in the event of such injury or medical expense, and/or
- b) what may be provided under Habitat for Humanity International's group volunteer accident and general liability insurance programs in which HAHfH participates.

The Habitat volunteer accident insurance program does not provide for replacement of earnings, pain and suffering, or other forms of compensation but does provide for payment of limited medical expenses to the extent that such expenses are not covered by an individual's other insurance coverage. I understand that alcohol or illegal drugs are not permitted on this site and that I will be asked to leave the site if found with or under the influence of any of these substances.

By signing this registration I acknowledge that I understand and agree to the above waiver of liability. I also grant & convey to Habitat all right, title and interest in photographic images, video or audio recordings by Habitat during my volunteer activities.

Signature _____ Date _____

Parent/Guardian Signature (if under 18 yrs old) _____ Date _____