

Volunteer Agreement, Release, and Waiver of Liability Please read carefully! This is a legal document that affects your legal rights!

Name:	Date of Birth:				
Home Address:					
Phone:	circle one:	cell	home	Email:	
Agency or School:					
Emergency Contact:					
Name:				Relationship:	
Phone:	circle one:	cell	home	Email:	
Address:					

Code of Conduct

This is a code of conduct for all volunteers associated with Habitat for Humanity Northern Utah.

- 1. The volunteer will abide by the Dress code of Habitat for Humanity Northern Utah.
- 2. Habitat for Humanity Northern Utah is a drug-free work environment that holds the highest standards related to safety. The volunteer agrees to not be under the influence of any illicit drug or alcohol while performing volunteer duties. If the volunteer is under medical treatment, it is his/her responsibility to consult, and get approval for volunteer work activity.
- 3. No tobacco or vape products can be used inside facilities or on build sites.
- 4. Habitat for Humanity Northern Utah strives to be a conflict-free work environment. We will do everything possible to resolve any conflicts in a professional and timely manner.

This Release and Waiver of Liability (the "Release") is executed by the Volunteer (the "Volunteer") in favor of Habitat for Humanity Northern Utah, Habitat for Humanity International, any other Habitat for Humanity affiliated organization, and any additional parties if applicable, such as sponsors or donors and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers, and agents (the "Released Parties").

I, the Volunteer, desire to work as a volunteer for Habitat for Humanity Northern Utah without compensation and engage in the activities related to being a volunteer. I understand that my activities may include but are <u>not</u> limited to the following: working in Habitat for Humanity offices and worksites; working in or on for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns, cities; consuming food available or provided; living in housing provided for volunteers; assisting in disaster relief areas; constructing, repairing, and rehabilitating residential buildings; other construction related activities; and other volunteer activities ("Activities").

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I, the Volunteer, hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver. I, the Volunteer, acknowledge and understand that participation in the activities may involve certain risks, including, but not limited to, personal injury(ies), bodily injury, illness, permanent disability, property damage, loss and/or death ("Risks"). These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions and despite any and all reasonable efforts made to mitigate such Risks. I further acknowledge and agree that, due to the nature of the Activities, social distancing of six feet per person will not always be possible and that my participation in the Activities may result in an elevated risk of contracting COVID-19 and/or other viruses and/or bacterial infection.

I agree to not participate in any Activities if, at such time and to the best of my knowledge, I am a carrier of COVID-19 or infected with COVID-19. I further agree to follow all safety precautions outlined by any Released Parties while Volunteering.

In consideration of and in order to be allowed to participate in the Activities, I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with any of the Released Parties, including by not limited to Risks, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than intentional or grossly negligent conduct.

I understand and acknowledge that by signing this Release, I knowingly assume the Risks associated with the Activities. I also understand the Released parties do 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, illness, death or property damage. Regarding any illness or virus, including COVID-19, I, the Volunteer, understand that even if I follow all guidelines for the prevention and handling of any illness or virus, there is still a risk that Volunteer could contract such virus or illness.

I understand and acknowledge that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. While minors between the ages of 16 and 18 may be allowed to participate in some types of build site activities, solely as outlined by the Released Parties, I understand that using power tools, excavation, demolition, working on rooftops, and similar activities are not permitted for anyone under the age of 18. I agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

Consent to Transportation and Medical Treatment. I consent to the use of first aid treatment and the use of generic and over-the-counter medication and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released parties may try to contact the individual listed as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other healthcare provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other healthcare treatment or procedure as advised by a physician, dentist, or other healthcare provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge, and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care treatment, response or service rendered in connection with my Activities with any of the Released Parties.

<u>Insurance.</u> I understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

<u>Confidentiality.</u> I agree that in the course of my participation in the Activities, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a Volunteer, and to comply with Habitat applicable policies regarding such information.

Photographic/Recording Release. I hereby grant and convey unto the Released Parties all rights, title, and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image, and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings. I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

Persons that have required community service hours.

If you have community service hours that need to be worked off by doing service, we will run a background check before we allow you to work with our homeowners. This policy is to protect both parties. We will work with you to try to give you community service opportunities depending on your job skills. We will try to provide you with the best fit for your skillset.

<u>Other.</u> I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

I have carefully considered my decision, the benefits and risks involved, and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, I acknowledge that any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

Special Instructions: Please check all that apply:	
○ Volunteer cannot lift more thanlbs○ Volunteer is not allowed to leave the building	○ Volunteer is not allowed outside food or drink○ Volunteer is not allowed to use the phone.
Other:	
Volunteer 18 years of age or older:	
Name (please print):	Signature:
Today's Date:	
Witness:	
Name (please print):	Signature:
Todav's Date	

IMPORTANT: If the volunteer is less than 18 years of age, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents, and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the volunteer, that he/she is fully authorized to do so, and that by executing such Release and parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Volunteer(s) Under 18 Years Old:

• •				
Name:		Date of Birth:		
Name:				
Name:				
Signature of Parent/Guardian Sigr				
above listed minor child, for him/her Waiver of Liability, and such terms a and Waiver of Liability, any question bind my and the minor Volunteer's habove Volunteer Agreement, Relea	r to participate in all Activit are incorporated herein. I hans as of mine have been answa neirs, next of kin, assigns, a ase and Waiver of Liability tor Humanity Internation	s involved and hereby give my informed consent, on behalf of the cies as set forth in the above Volunteer agreement, Release, and ave read and understand the above Volunteer Agreement, Release ered, and voluntarily agree to all such provisions. It is my intent to and legal representatives. Furthermore, I understand that the y is made on behalf of my minor child(ren) and/or legal wards and tal, Inc. or its affiliated organizations that I have the full authority		
Parent/Guardian: Name (please pri	int):	Signature:		
Address:				
Phone: (H)				
Witness: Name (please print):		Signature:		
Parent/Guardian: Name (please pri	int):	Signature:		
Address:				
Phone: (H)				
Witness: Name (please print):		Signature:		
Emergency Contact Information fo	or the Above Listed Minor	r Volunteer:		
Name:	Relationship:			
Address:				
Phone: (H)				