

Group Name:	Today's Date:
Mailing Address:	
Group Leader Name:	Phone:
Email Address:	
Number of volunteers in group*: <i>*For safety reasons, Habitat asks that you restrict your group size to no more than 15 members unless approved by staff in advance.</i>	
Notes:	

All group members please read:

Habitat for Humanity of Washington and Dodge Counties Basic Safety Policy

1. Only attempt work that you are physically comfortable doing.
2. Seek instruction prior to using any power tools or equipment.
3. Step ladders should always be fully opened with braces engaged; never stand on the top two rungs.
4. Always use safety equipment while using tools; locate first aid kits prior to beginning work.
5. Keep walkways clear of debris; keep tools and materials against the wall.

More task specific safety instruction will be provided during on-site orientation as needed

Check us out on Facebook or visit our website for events: www.hfhwashco.org

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Affiliate Office
724 Elm St., Ste. 103
West Bend, WI 53095
(262) 338-0690

Beaver Dam ReStore
1022 Madison St.
Beaver Dam, WI 53916
(920) 885-4518

Germantown ReStore
W188N10707 Maple Rd.
Germantown, WI 53022
(262) 255-7470

West Bend ReStore
508 N. Main St.
West Bend, WI 53090
(262) 334-1801

Volunteer Agreement, Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

GROUP VOLUNTEERS SIGN IN

All volunteers must complete the section below. If the volunteer is under 18 years of age, the parents or guardians must complete.

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____, (the "Volunteer Group"), in favor of Habitat for Humanity of Washington and Dodge Counties, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization¹, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties").

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, any questions of mine have been answered, and I voluntarily agree to the provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

	PRINTED NAME	SIGNATURE	PHONE/EMAIL	ADDRESS	EMERGENCY CONTACT (NAME & PHONE)
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