



## VOLUNTEER REGISTRATION FORM (Adult)

TEAM CODE:		TEAM NAME:	
HOST COUNTRY:		Check Appropriate Box:	<input type="checkbox"/> Team Leader <input type="checkbox"/> Team Member

### GENERAL INFORMATION

First/Given Name:		Middle Name:		Family Name/Last/Surname:	
Preferred Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (m/d/y):	
Current Address (number, street, town/city, state/country, zip code):					
Type of Address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Other				
Phone (Home):		Phone (Work):		Mobile/Hand Phone:	
Nationality:		Occupation:		Email Address:	
Passport #:		Country Issued:		Date Issued (m/d/y)	
English Language Skill: <input type="checkbox"/> Native English Speaker <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> None					
List construction skill, if you have any:					
List church affiliations you might have:					

### EMERGENCY CONTACT INFORMATION

Contact Name:		Relationship:	
Address (number, street, town/city, state/country, zip code):			
Phone (Day):		Phone (Night):	
Email Address:			
<b>The following information may be needed by any hospital or medical practitioner not having access to your medical history.</b>			
Blood Type:		Date of last Tetanus Shot (m/d/y):	
Allergies to medicine, food, bee sting, etc. (please provide any dietary concerns):			
Current Medication being taken:			
Physical Impairments:			
Personal Physicians Name:			
Address (number, street, town/city, state/country, zip code):			
Phone (Day):		Phone (Night):	
Mobile/Hand Phone:			
<b>If you have PERSONAL/COMPANY HEALTH INSURANCE COVERAGE, please provide the following information.</b>			
Insurance Company:		Policy Number:	
Insurance Agent:		Agent's Phone:	

I understand that I must purchase and provide information of international travel/medical insurance through MEDEX, Habitat for Humanity International's preferred carrier, for the entire term of my volunteer service with Habitat for Humanity. I certify that the answer I have given are true and correct to the best of my knowledge.

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

Date: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY (Adult)

Important: Each participant, including team leaders, must have a signed "Release and Waiver of Liability" on file with Habitat for Humanity prior to departure. Please PRINT all information in blanks provided.

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_ (month), 200\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of HABITAT FOR HUMANITY INTERNATIONAL, INC., a Georgia nonprofit corporation, HABITAT FOR HUMANITY \_\_\_\_\_ (hosting Habitat Organization), and HABITAT FOR HUMANITY NEW ZEALAND (sending Habitat organization), an entity formed under the laws of NEW ZEALAND (sending country), their trustees, directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings and living in housing provided for volunteers of Habitat. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

**1. Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Habitat 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's work for Habitat. Volunteer understands and acknowledges that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by Habitat in writing, Habitat 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 illness.

**2. Medical Treatment.** Except as otherwise agreed to by Habitat in writing, Volunteer does hereby release and forever discharge Habitat 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 work for Habitat.

**3. Assumption of the Risk.** The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for Habitat.

**4. Insurance.** The Volunteer understands that, except as otherwise agreed to by Habitat in writing; Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

**5. Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, of \_\_\_ (hosting country) and of New Zealand (sending country); and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia, of \_\_\_\_\_ (hosting country) and of New Zealand (sending country). Volunteer agrees 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.

To express my understanding of this release, I sign here with a witness. I also verify that I am now over eighteen (18) years old. My date of birth is: Day            Month            Year            .

**Volunteer Name** (print): \_\_\_\_\_

**Witness Name** (please print): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date (month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: + \_\_\_\_\_

Address: \_\_\_\_\_