



## Absolute Waiver and Release from Liability for Minor

### THIS DOCUMENT IS TO BE SIGNED BY ALL PERSONS PERFORMING VOLUNTEER WORK FOR HABITAT FOR HUMANITY Mississippi Capital Area

I understand that my child has volunteered for work for Habitat for Humanity Mississippi Capital Area and said work will expose them to potential risks of injury or illness, including death. My child volunteers at my consent and I assume all the risks associated with the work agreed to perform. Said risks to include, but not be limited to all risks associated with the warehousing of goods and/or all risks associated with the construction of houses or other structures. I agree that I am responsible for my child's safety. I further agree to release, indemnify and hold harmless Habitat for Humanity Mississippi Capital Area, its employees, board of trustees, officers, agents and volunteers from any and all claims, demands, payments, suits, actions and recoveries, attorneys fees and judgments of whatsoever nature, kind and description brought, recovered or extracted against Habitat for, or on account of, any loss, damage or injury (including death) or any claim for loss, damage, injury or death received or sustained or alleged to have been received or sustained by the undersigned while volunteering for Habitat for Humanity Mississippi Capital Area.

**MY CHILD IS 18 YEARS OF AGE OR UNDER. I HAVE READ AND UNDERSTAND ALL OF THE ABOVE HABITAT FOR HUMANITY MISSISSIPPI CAPITAL AREA ABSOLUTE WAIVER AND RELEASE FROM LIABILITY AND I SIGN THIS WAIVER VOLUNTARILY FOR MY CHILD, AND WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE RIGHTS I HEREBY WAIVE AND RELEASE AND I FURTHER AGREE TO BE BOUND BY ALL OF ITS TERMS.**

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

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street

City

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature (required): \_\_\_\_\_