VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This is a Release and Waiver of Liability (the “Release”) executed on this date, _____________, by _________________________________ (the “Volunteer”), and, if applicable, in conjunction with ________________________________, (if applicable) the parent having legal custody or legal guardianship of the volunteer, in favor of Trumbull Neighborhood Partnership, a nonprofit corporation, their directors, officers, employees, and agents (collectively known as “TNP”). The Volunteer desires to work as a volunteer for TNP and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include board-up of derelict vacant houses, clean-up of vacant lots and other similar labor, working in the TNP office, and working at special events. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the terms below:

1. Release and Waiver

Volunteer does hereby release and forever discharge and hold harmless TNP and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with TNP.

Volunteer understands that this Release discharges TNP from any liability or claim that the Volunteer may have against TNP with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with TNP, whether caused by the negligence of TNP or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that TNP 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

Volunteer does hereby release and forever discharge TNP 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 Activities with TNP, or with the decision by any representative or agent of TNP to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.
3. Assumption of Risk
The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, boarding windows and clearing debris at or near derelict vacant properties. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases TNP from all liability for injury, illness, death or property damage resulting from the Activities.

4. Insurance
The Volunteer understands that, except as otherwise agreed to by TNP 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 TNP all right, title and interest in any and all photographic images and video or audio recordings made by TNP during the Volunteer’s Activities with TNP, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

By signing below, the Volunteer and, if applicable, the parent/guardian, has read, understood, and executed this Release as of the date first above written.

Volunteer:

________________________________________________________________________

(signature)

Parent/Guardian (if applicable):

________________________________________________________________________

(signature)

Complete Address:

________________________________________________________________________

City: ________________________ State: _______ Zip Code: ____________

Home Phone:

________________________________________________________________________

Contact person in case of emergency:

________________________________________________________________________

Phone: _____________________