

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 2006 by _____ (the "Volunteer") in favor of the Lapeer County Habitat for Humanity, Inc., a non-profit corporation ("Habitat"), its directors, officers, employees and agents.

The Volunteer desires to participate and work in Habitat's home building program and the activities related to the work for the Release Period set forth below in Paragraph 1 of this Release. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings, being transported to and from work locations, and consuming food and living in accommodations donated for the home building program.

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

1. Release Period. This Release covers the period from _____, 2006 through _____, 2006 for the build in _____, Lapeer County, Michigan.
2. 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 participation in Habitat's home building program for the time period specified above.

Volunteer understands 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 participation in Habitat's home building program. Volunteer also understands that 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.

3. Medical Treatment. 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 participation in Habitat's home building program.
4. Assumption of Risk. Volunteer understands that the home building program may include activities that may be hazardous to the Volunteer and that the food, accommodations, and medical facilities may be donated to Habitat and beyond the control of Habitat

Volunteer hereby expressly and specifically assumes the risk of injury or harm in any Habitat activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's participation in Habitat's home building program.

5. Insurance. The Volunteer understands that Habitat does not carry or maintain health, medical or disability insurance coverage for any Volunteer.

EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH MEDICAL OR HEALTH INSURANCE COVERAGE IN EFFECT.

6. 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's home building program, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
7. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by

the laws of the State of Michigan, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. 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.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the date and year first above written.

Witness:

Volunteer:

Signature

Signature

Print Name

Print Name

Address

City, State, Zip

Phone (home)

(Work)

In case of emergency, please contact:

Name: _____

Relation: _____

Address: _____

Phone: _____

Emergency Medical Information:

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history:

Allergies (medicine, food, etc): _____

Medication being taken: _____

Date of Last Tetanus shot: _____

Physical impairments: _____

Other: _____

Personal Physician: _____ Address: _____

Health Insurance Coverage Company: _____

Policy Number: _____