



## Volunteer Waiver / Emergency Contact

### Volunteer's Contact Information

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

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

Primary Phone: \_\_\_\_\_ 2nd Phone (optional): \_\_\_\_\_

Email: \_\_\_\_\_

Employer/School/Organization: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### Health Information

Existing health conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Waiver of Liability** – I understand that my or my dependent's work as a volunteer on or about a Habitat construction site or project could expose me or my dependent to various risks of injury or illness. I understand and assume these risks and agree not to hold Columbia County Habitat for Humanity, its agent, employees, volunteers or volunteer home owners liable for such injury or illness. I further understand that it is the policy of Columbia County Habitat that all volunteers or visitors must abide by the verbal safety instructions and requirements of Habitat representatives that are outlined on the construction site.

**Photo Release** - I agree and grant Columbia County Habitat for Humanity and its authorized representatives permission to photograph, film, live stream and/or video of my participation. I further agree that any and all of the material photographed may be used, in any form, as part of any future publications, brochure or other printed materials used to promote Columbia County Habitat for Humanity, and further that such use shall be without payment, fees, royalties, special credit or other compensation.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if under 18 yrs old)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone