



## Release and Waiver of Liability

PLEASE READ CAREFULLY!  
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

I hereby release and discharge Habitat for Humanity International, Inc., and Habitat for Humanity of Martha\*s Vineyard, Inc., including their directors, officers, employees and agents, (collectively "Habitat") from any and all liabilities for any injuries sustained while participating in any activities sponsored by Habitat:

**I Discharge all Liability.** I understand that this Release discharges Habitat from any liability that I may have against Habitat for any bodily injury, personal injury, death, or property damage that may result from my activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, agents, or other volunteers.

**No Medical Treatment Will Be Provided.** I understand that Habitat does not assume any responsibility for or obligation to provide financial assistance, or other assistance, including medical, health or disability insurance in the event that I receive an injury or illness.

**I Release all Later Claims.** I also release and forever discharge Habitat from any claim whatsoever which arises or may arise later from any first aid, medical treatment, or other service provided in connection with my activities with Habitat.

**I Assume any Risks.** I understand and knowingly recognize and accept that participation in an activity involving constructing and rehabilitating residential buildings, including loading and unloading materials and transportation to and from the work site, constitutes a risk of injury.

**Habitat does not Provide Insurance.** I understand that Habitat does not carry or maintain any health, medical or disability insurance coverage for me.

**Photographic Release.** I grant to Habitat any and all rights, title and interest I may have to any photographic images, including video and audio recordings, made by Habitat during my activities with Habitat.

*This Release is to be governed by the laws of the Commonwealth of Massachusetts, and the invalidity of any provision shall not affect the remaining provisions of this Release.*

I freely, voluntarily and without duress execute this Release and Waiver of Liability and Discharge of Liability.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_  
Street or PO Box City State ZIP

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