## Release and Waiver of Liability

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

	unteer") in favor of H	abitat for Human	ity Internation	al, Inc., a nonprofit co	
and Habitat for Humanity of Yankton Coagents (collectively, "Habitat") and Thriv			ration, their di	rectors, officers, empl	oyees and
The Volunteer desires to work as a volun "Activities"). The Volunteer understand working in the Habitat offices, and living	s that the Activities m	ay include const	ructing and rel		
The Volunteer hereby freely, voluntarily	, and without duress e	xecutes this Rele	ease under the	following terms:	
RELEASE AND WAIVER. Volunteer of successors and assigns and TFL from any equity, which arise or may hereafter arise	y and all liability, clai	ms, and demands	of whatever k		
Volunteer understands that this Release of against Habitat or TFL with respect to an from Volunteer's Activities with Habitat employees, or agents or otherwise. Volu obligation to provide financial assistance insurance in the event of injury or illness	ny bodily injury, perso , whether caused by the inteer also understand e or other assistance, in	on injury, illness, ne negligence of s that Habitat and	death, or prop Habitat or TFI I TFL do not a	erty damage that may or its officers, direct assume any responsibi	result ors, lity for or
MEDICAL TREATMENT. VOLUNTE from any claim whatsoever which arises connection with the Volunteer's Activities	or may hereafter arise				
ASSUMPTION OF THE RISK. The Vothe Volunteer, including, but not limited sites.					
Volunteer hereby expressly and specification all liability for injury, illness, death				s and release Habitat	and TFL
INSURANCE. The Volunteer understan carry or maintain health, medical, or disa				ΓFL in writing, Habita	nt does not
EACH VOLUNTEER IS EXPECTED A INSURANCE COVERAGE.	ND ENCOURAGED	TO OBTAIN H	IS OR HER O	WN MEDICAL OR I	HEALTH
PHOTOGRAPHIC RELEASE. Volunte any and all photographic images and vide Habitat, including but not limited to, any	eo or audio recordings	s made by Habita	t during the V	olunteer's Activities v	with
OTHER. Volunteer expressly agree that State of South Dakota, and that this Releasouth Dakota. Volunteer agrees that in tany court of competent jurisdiction, the iprovisions of this Release which shall co	ase shall be governed he event that any clau nvalidity of such clau	by and interprete se or provision of se or provision sl	ed in accordant of this Release	ce with the laws of the shall be held to be inv	e State of valid by
Volunteer Name:Address:					
Street Phone (H):	City (W)	State	Zip		