



MINOR VOLUNTEER RESPONSE FORM (PRINT CLEARLY)

Name			
Address		Birthday ____/____/____	
City		State	Zip
Phone (home)	Phone (cell)	Email	

Waiver Statements:

Your Waiver of Liability

I understand that Habitat for Humanity of Pinellas County, Inc., a contractor, cannot be held liable for any injuries or illness that I may suffer during my volunteer work. "I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity International, Inc. or Habitat for Humanity of Pinellas County, Inc. and board members individually, beyond what may be offered freely by the representative of Habitat for Humanity of Pinellas County, Inc., in the event of such injury or medical expense".

Authorization for Medical Treatment

In the event an emergency should arise, and I should need emergency medical treatment or hospitalization, permission is granted to the leaders of Habitat for Humanity of Pinellas County, Inc. to grant authorization for necessary care.

Photographic Release

I grant and convey unto Habitat for Humanity of Pinellas County, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by Pinellas Habitat for Humanity, Inc. during my volunteer activities.

Signatures (Not valid unless signed)	
*To express my understanding of this release and waiver, I sign here:	
Signature* _____	Date _____
Emergency Contact/Relationship _____	Phone _____
*For a minor, this release and waiver must be signed by a parent or guardian.	
Parent or Guardian Signature: _____	Date: _____
Please Print Name: _____	