

HABITAT FOR HUMANITY OF CAPE COD

Volunteer Registration and Waiver Form

Please PRINT the information in the box below
And bring with you appropriately filled out.

GROUP NAME (if any): _____	
Name of Volunteer: _____	In Case of Emergency, Contact: Name: _____
Mailing Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Relationship: _____
Do you have any health considerations which we should be aware of (allergies, medication, etc.)? _____	
Personal Physician: _____	
Name	Phone
** If under age 18: age _____ date of birth _____	

WAIVER/LIMITATION OF LIABILITY

For the entire duration of the Gomes Way, Harwich Project

To be read and signed by all persons intending to do volunteer work for Habitat for Humanity of Cape Cod.

To the fullest extent permitted by law, I, the undersigned (or parent/legal guardian of the above named individual) hereby waive and forever release and hold harmless Habitat for Humanity of Cape Cod, Inc., ("Habitat for Humanity") its officers, directors, employees, affiliates, parent organizations, successors, assigns, other volunteer organizations, volunteers, contractors, subcontractors, any other individual at any Habitat for Humanity property or function, and any other parties in interest to the construction of any property by or on behalf of Habitat for Humanity from all claims, demands, grievances, and causes of action of every kind whatsoever including, but not limited to, all liability for injuries and/or damages of every kind, nature or description which may hereafter arise from or out of my (or the named individual's) involvement and participation in such construction or any event related to Habitat for Humanity, beyond the coverage granted and the limits of liability of Habitat for Humanity's Limited Accident Policy.

I grant full permission for organizers to use photographs and/or video or audio recordings of me and quotations from me in accounts and promotions of this event.

Signed: _____ Date: _____

FOR VOLUNTEERS UNDER AGE 18:

***** A parent or legal guardian must sign in space above for any person under age 18 who will be working at the site.***

Name of dependent(s) under 18 covered by this waiver: _____

SAFETY REQUIREMENTS

- Wear **SAFETY GLASSES** when using power tools.
- Wear a **HARD HAT** when anyone is working above you.
- Make sure **LADDERS** are on level footing.
- Only authorized individuals allowed on **SCAFFOLDING**.
- Be careful around **OPEN STAIRWELLS**.
- Tape **ELECTRICAL EXTENSION LINES** to the floor.
- Be aware of **WHAT'S BEHIND YOU** at all times.
- Remove **NAILS** before **LUMBER** is restocked or reused.
- Keep the **HOUSE & SITE CLEAN** at all times.
- Work **SMART** whatever you do.
- Think **SAFETY** at all times.

Please Initial

(OVER)