**Stetson University, Inc.**

Volunteer Program Acknowledgement and Liability Waiver

Emergency Relief or Construction Related Work

**Name of Volunteer Program, Project or Activity**: **Habitat for Humanity / Construction Work**

Transportation Used\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Indicate One: Commercial Bus/shuttle; University Rental Vehicle; Personal Vehicles/Carpool of Volunteers

General Acknowledgement & Agreement:

Upon signing and submitting this form, I understand and acknowledge that my services in regard to the above program, project or activity (“program”), are completely voluntary, and are rendered as a non-compensated volunteer, assisting with the general activities of the above referenced program which is run by the Southwest Volusia Habitat for Humanity organization. I further understand that as a volunteer for the Habitat for Humanity program, I am not eligible for benefits such as worker's comp and health insurance coverage from the university.

I acknowledge that any accident insurance coverage that the University might carry applicable to volunteer programs is secondary and excess to all other applicable insurance policies, including, but not limited to, any insurance that might be provided by Habitat for Humanity, my health care or medical insurance and auto insurance coverages.

Insurance: All volunteers are expected and encouraged to have his or her own health/medical insurance coverage and I understand that Stetson University is under no obligation to provide, carry or maintain any health, medical, travel, disability or other insurance coverage for Volunteers.

**Risk Acknowledgement:**

I understand that program activities will involve physical labor, possible tool & ladder use, and walking through and handling material that may pose risks such as, but not limited to: hand-tool or power tool use, ladder use, sharp edges, nails, fiberglass, splintered wood, uneven surfaces, insects, and other pests, etc., and injuries resulting from such risks, including, but not limited to: crushes, broken bones, fractures, strains-sprains-bruises, lacerations, punctures, contusions, concussions, infections, skin rashes, respiratory issues, heat stroke/exhaustion, face/eye injuries, neck/back injuries, dislocations, loss of limb or fingers, heart attack, death, or any complication arising from treatment of injuries.

**Due to the nature of some program activities, I acknowledge that despite precautions taken, my volunteer participation could involve risks such as bodily injury, illness, death or property loss and I accept those risks including those arising from travel to and from such activities and assume full responsibility for any medical costs incurred as a result of my participation. It is highly recommended that volunteers have current health/medical insurance coverage.**

**Recommended Precautions:**

**Construction Safety: Habitat for Humanity requires that all volunteers complete their required online safety training class: “Volunteering on a Habitat for Humanity Job Site”. It is the Volunteer’s responsibility to complete this safety training. Please consult with the Habitat for Humanity Team Leader regarding the proper website for this training.**

I understand that the following protective equipment is recommended to include but not limited to:

* Closed toe footwear - (Note: heels, sandals and flip-flops are Unsafe! )
* Long pants and work gloves will be needed for protection as well as additional protective gear for certain tools or processes, which could include eye protection such as safety glasses\*.
* Volunteers should also bring sun protection such as sunglasses, sunscreen, hats etc, as well as any special personal medical kits needed (ie bee sting kits, inhalers, etc)
* Volunteers acknowledge that activities will include travel to various locations and will include exposure to outdoors, sun and/or rain & other inclement weather and that I am advised to take precautionary measures.

**\*Volunteers should consult with their Habitat for Humanity team leader if they have questions about any tool use, processes, safety issues or personal protective equipment.**

**It is the responsibility of each volunteer to participate only in those activities, including tool/ladder use and lifting, of which he/she is physically capable, and has received training in, and volunteers may decline to do any activity at any time.**

**Emergency Medical Care/Medical Costs**:

I agree and acknowledge that Stetson University is not responsible or liable for my health and safety. Recognizing this, however, I wish to, and hereby do, grant Stetson University and its staff, volunteers, and agents (“released parties”) full authority to take, or not take, in its sole discretion, whatever actions it may consider warranted under the circumstances for my health and safety during my participation in this volunteer activity, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right (in the sole discretion of Stetson University/released parties) to place me, at my own expense, and without any further consent, in a hospital, for emergency medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment.

Liability Waiver/ Equipment, Tools and Vehicles:

Stetson University does not warrant or guarantee in any respect the physical condition of any of the equipment, tools or vehicles that might be used in connection with the activities, nor the competency or credentials of any individual participant associated with this program.

I further acknowledge that Stetson University is not responsible for travel to and from any Habitat for Humanity projects or events. I understand that if I drive my own vehicle, or am a passenger in another’s private vehicle in connection with this trip/function, that Stetson University’s auto insurance does not cover such a private vehicle. I also understand that the University cannot be responsible for assuring the safety and reliability of such private transportation or driver, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

**Liability Waiver and Hold Harmless Agreement:**

**Furthermore, in consideration of the opportunity to participate in the above referred activities, with full knowledge and appreciation of the risks involved, and full understanding of the above issues/conditions, I hereby release and hold harmless Stetson University, Inc., its faculty, staff, coaches, officers, trustees, representatives, chaperones, employees, volunteers, and agents from all manner of action and actions, cause and causes of action, suits, claims, or demands of any nature, including personal injuries, damages or property loss resulting from said participation and related travel. In addition, I agree to comply with all rules applicable to my participation in my volunteer activities.**

I hereby acknowledge that this waiver and acknowledgement applies to my participation at any time, now or in the future, with the aforementioned program. I have read and understand the foregoing, and, as necessary, have had the opportunity to have it reviewed by my guardian and/or legal counsel, and hereby agree to be bound by same.

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Signature of Witness Date Signature of Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\*\*

Printed Name of Witness Printed Name of Volunteer

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Printed Name of Parent/Guardian \*\*Signature of Parent/Guardian Date

(**Needed if volunteer is under 18 years of Age**)

Volunteer Address & Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rev. Jan 2013)

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