

**RELEASE AND WAIVER OF LIABILITY  
SUPPLEMENT FOR ANYONE UNDER 18**

**Age 13** and under: Not permitted on worksite.

**Ages 14-15:** Prohibited from working in general construction, or from being present at the site when active construction is going on. Permitted to engage in limited activities such as clearing lots, landscaping, touch-up painting, and other lower-risk activities.

**Ages 16-17:** May perform general construction work, but may not engage in certain activities that are considered ultra-hazardous. These include the use of power tools, operation of a motor vehicle, participation in demolition and/or excavation operations, and any activity that requires climbing a ladder.

Important: If Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, if a trip outside Otsego County is involved, all parents or guardians must complete the "Parental Authorization for Treatment of, and Travel With, a Minor Child" on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

**Please print all information except signatures.** Thanks!

Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: Name : \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMERGERNCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Affiliated with: Fox Hospital \_\_\_ Bassett Hospital \_\_\_ Other \_\_\_\_\_

Allergies: \_\_\_\_\_

IF APPLICABLE:

School/Organization (no abbreviations please): \_\_\_\_\_

# PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD

Only needed for trips - not for local (Otsego County) construction work.

I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I hereby authorize and appoint \_\_\_\_\_ [can leave blank - and go with "duly authorized agent] an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, Inc. and Habitat for Humanity of Otsego County, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, \_\_\_\_\_, concerning my minor child’s personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child’s medical records that I have, including the right to disclose the contents to others.

Also, I hereby authorize and appoint my agent to travel with my minor child to \_\_\_\_\_ and consent for my minor child to serve as a Volunteer with Habitat for Humanity of Otsego County, Inc., and to help construct houses and participate in other activities on a voluntary basis, without compensation.

1) Parent or Guardian	Witness	Date
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2) Parent or Guardian	Witness	Date
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This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD sworn to an subscribed before me by \_\_\_\_\_ and \_\_\_\_\_, the Parent(s) or Legal Guardian(s) of \_\_\_\_\_, a minor child, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_