



## Parental or Guardian Consent and Waiver of Liability Form For Volunteers Under the Age of 18

**Please bring to site on the scheduled workday.** *Please do not send this form to the office.*  
This form is available online at [www.habitatwake.org/volunteer/consent](http://www.habitatwake.org/volunteer/consent)

Note: Children under the age of 16 are not allowed on a Habitat construction site for any reason.  
Youth 16 and 17 can only volunteer if there is 1 adult per 5 youth present on the worksite.

### Dear Parent or Guardian:

We appreciate your child's interest in volunteering with Habitat for Humanity of Wake County. Habitat volunteers perform the majority of all labor done on our homes. This translates into a considerable cost savings, helping to provide affordable housing for families in need.

While we take every precaution to ensure a safe, enjoyable work experience for our volunteers, construction sites do present certain dangers. Habitat relies on mature, responsible volunteers, capable of working with minimum supervision. Accordingly, it is our policy to require the execution of this *Consent Waiver of Liability Form* by a parent or guardian of volunteers under the age of 18. Please acknowledge your consent and agreement to the following by signing below:

I am the parent and/or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years old,  
full name of volunteer age  
and he/she has my permission to work as a volunteer with Habitat for Humanity of Wake County. I understand that if my child is 16 or 17, then he/she may work on the construction site or in the ReStore with adult supervision. I understand that if my child is under the age of 16, then he/she may not work on a construction site or in the ReStore; he/she may assist only with activities not related to construction.

On behalf of said minor, I expressly waive any claim for compensation for work done and hereby release Habitat from any liability for illness, injury or medical expenses sustained by said minor while volunteering with Habitat—beyond what may be offered freely by Habitat. I further agree to personally indemnify Habitat and hold the organization harmless from any loss sustained by reason of any illness or injury to said minor while volunteering for Habitat.

I understand that the only volunteer coverage Habitat for Humanity of Wake County will provide is a volunteer insurance policy that pays only DIRECT MEDICAL EXPENSES that are NOT paid by my own insurance company. The limit of coverage is \$250,000 for overall accident medical expenses after the full amount paid by the volunteer's insurance company.

\_\_\_\_\_  
Printed name of Parent\Guardian

\_\_\_\_\_  
Signature of Parent\Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_