

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_



## RELEASE AND WAIVER OF LIABILITY

(This release and waiver must be signed annually by all volunteers.)

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor Belletetes, Inc., a corporation and We Build It Forward (Community Outreach Program), collectively (BELLWBIF).

The Volunteer desires to work as a volunteer for Belletetes and We Build it Forward and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working at the Belletetes facilities, and working at public facilities related to the WBIF program.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER.** Volunteer does hereby release and forever discharge and hold harmless BELLWBIF and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with BELLWBIF.

Volunteer understands that this Release discharges Belletetes, Inc. from any liability or claim that the Volunteer may have against Belletetes, Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with BELLWBIF, whether caused by the negligence of BELLWBIF or its officers, directors, employees, or agents or otherwise. Volunteer also understands that BELLWBIF does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**MEDICAL TREATMENT.** Volunteer does hereby release and forever discharge BELLWBIF from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with BELLWBIF.

**ASSUMPTION OF THE RISK.** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases BELLWBIF from all liability for injury, illness, death, or property damage resulting from the Activities.

**INSURANCE.** The Volunteer understands that, except as otherwise agreed to by BELLWBIF in writing, BELLWBIF does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**PHOTOGRAPHIC RELEASE.** Volunteer does hereby grant and convey unto BELLWBIF all right, title, and interest in any and all photographic images and video or audio recordings made by BELLWBIF during the Volunteer's Activities with BELLWBIF, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**OTHER.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Hampshire, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Hampshire. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Witness\*: X \_\_\_\_\_

Volunteer: X \_\_\_\_\_

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

\_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

### **Emergency contacts:**

Primary contact:

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

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

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

\_\_\_\_\_

Secondary contact:

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

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

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

\_\_\_\_\_

\* Belletetes, Inc. representative