



## PARENTAL WAIVER OF LIABILITY FOR VOLUNTEERING MINOR

*The following document is a waiver of liability that must be signed by the parent or legal guardian of a minor person under the age of 18 years old who is planning to volunteer with Habitat for Humanity of Greater Newburgh (HFHGN).*

*Safety is of utmost importance to HFHGN, especially if volunteers work on a construction site. All volunteers must sign in at site to be covered by HFHGN's group volunteer accident and general liability insurance. Volunteers are monitored on the construction site by at least one site supervisor, and safety equipment and first aid kits are located visibly at each site.*

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

Waiver of Liability: I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I understand that Habitat for Humanity of Greater Newburgh, Inc. cannot be liable for any injuries or illness that my minor child may suffer while engaged as a volunteer in their program. I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity of Greater Newburgh, Inc. beyond what may be offered freely by representatives of Habitat for Humanity of Greater Newburgh, Inc. in the event of such injury or medical expense, and what may be provided under Habitat for Humanity International's group volunteer accident and general liability insurance programs in which Habitat for Humanity of Greater Newburgh, Inc. participates.

**By signing this sheet, I acknowledge that I understand and agree to the above waiver of liability.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Emergency Contact Information:**

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

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_



## PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR

*The following document is an authorization for medical treatment that must be signed by the parent or legal guardian of a minor person under the age of 18 years old who is planning to volunteer with Habitat for Humanity of Greater Newburgh (HFHGN). The signed document must be brought to site or faxed to the Habitat office at 845-568-5632.*

*In case of an injury requiring professional medical attention, Habitat for Humanity of Greater Newburgh, Inc. must be able to facilitate appropriate medical attention for our volunteers, including going to the hospital and accessing professional medical treatment. **Minors cannot be treated fully without permission from their parents or legal guardians. This form provides the required parental authorization for the treatment of minors, if medical attention is needed.***

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

I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I hereby authorize and appoint a duly authorized agent of Habitat for Humanity of Greater Newburgh, Inc., or \_\_\_\_\_, an adult in whose care the minor child has been entrusted on the day of volunteering, 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 of 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.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Emergency Contact Information:**

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

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_