

**ASSUMPTION OF RISK,
RELEASE AND WAIVER OF LIABILITY
COVENANT NOT TO SUE**

*I/We, the undersigned parent(s)/guardian(s)/legal representative(s) of _____
(the "Child"), in consideration of Habitat for Humanity in Atlanta, Inc. (HFHA) allowing the Child to
participate in activities involving work on any HFHA project (the "Activities"), acknowledge and agree
to the following;*

1. I/We fully understand that: (a) the Activities may involve risks and dangers of loss to property and serious bodily injury, including, but not limited to, permanent disability, paralysis, death. ("Risks"); (b) these Risks may be caused by the Child's own actions or inactions, the actions or inactions of others participating in the Activities, the condition of the property, facilities, or equipment involving or used in the Activities, or the negligence of HFHA; (C) HFHA does not have insurance coverage of any kind for the Child or other volunteers wider the age of sixteen (16) years; and (d) there may be other risks and economic losses either not known to me or not readily foreseeable at this time arising from the Child's participation in the Activities. I/We fully accept and assume all such risks and all responsibility for losses, costs, and damages I/We or the Child may incur as a result of the Child's participation in the activities.
2. For any injury, illness, property damage, or loss of any nature suffered or sustained by the Child, which are in any way associated with or related to the Child's participation in the Activities, I/We do hereby, for myself/ourselves and the Child, our heirs, administrators or executors, forever WAIVE, RELEASE, and DISCHARGE, and COVENANT NOT TO SUE HFHA for, any and all rights and claims for any expenses, damages, or other losses that I/We or the Child may have Or that may accrue against HFHA and its representatives, directors, officers, employees, agents, or contractors.

I/We have read and understand the information in this document. HPHA has made no promise to or agreement with me/us not expressed in this document

_____ NAME (Printed)	_____ SIGNATURE	_____ DATE
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_____ NAME (Printed)	_____ SIGNATURE	_____ DATE
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ADDRESS

NAME and TELEPHONE NUMBER to Notify in case of an Emergency