

MINOR LIABILITY FORM

*For minors under 18, a parent/guardian **MUST SIGN***

IMPORTANT: A parent or guardian must sign the Release and Waiver of Liability. 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.

Parent/Guardian: Name (please print): _____

Signature: _____ Date: _____

Parental Authorization for Treatment of, And Travel With, a Minor Child

I, _____, am the parent or legal guardian having custody of

_____, a minor child. As such parent or legal guardian, I hereby

authorize and appoint the Habitat of Trenton staff as adults in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, 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 and consent for my minor child to serve as a volunteer with Habitat for Humanity of Trenton, and to help construct houses and participate in other activities on a voluntary basis, without compensation.

Parent or Guardian: Name (please print); _____

Parent or Guardian: Signature: _____

For any questions, please contact the Community Outreach Director, Chelsea Naylor
(609) 393-8009 x228 or volunteer@habitatta.org
Office mailing address: 601 North Clinton Ave, Trenton, NJ 08638