



2340 N. Orange Blossom Trail  
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[www.habitatosceola.org](http://www.habitatosceola.org)

**YOUTH VOLUNTEER RESPONSE FORM (PRINT CLEARLY)**

Name		Date ____/____/____	
Address		Birthday ____/____/____	
City		State	Zip
Phone (H)	Phone (W)	Phone (cell)	
FAX	Email		

AGE GROUP:    AGE 13 OR YOUNGER       AGE 14-15       AGE 16-17

**Your Waiver of Liability \***

I understand that Habitat for Humanity of Osceola County, Inc., a contractor, cannot be held liable for any injuries or illness that I may suffer during my volunteer work. "I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity International, Inc. or Habitat for Humanity of Osceola County, Inc. and board members individually, beyond what may be offered freely by the representative of Habitat for Humanity of Osceola County, Inc., in the event of such injury or medical expense".

**Authorization for Medical Treatment\***

In the event an emergency should arise, and I should need emergency medical treatment or hospitalization, permission is granted to the leaders of Habitat for Humanity of Osceola County, Inc. to grant authorization for necessary care. List any medications being taken \_\_\_\_\_  
 \_\_\_\_\_  
 Any known allergies to drugs, plants, stings, etc. please list \_\_\_\_\_  
 \_\_\_\_\_

**Photographic release\***

I grant and convey unto Habitat for Humanity of Osceola County, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by Osceola Habitat for Humanity, Inc. during my volunteer activities.

**Signatures ( Not valid unless signed)**

**\*To express my understanding of this release and waiver, I sign here:**  
 Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**\*For a minor, this release and waiver must be signed by a parent or guardian.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please Print Name: \_\_\_\_\_