

BUILD-A-THON

2014

FORMS

BUILD-A-THON

Registration Form

University of Oklahoma Campus Chapter
Habitat for Humanity

Organization Name: _____

Group Size (Small or Large Group): _____

****Small group = less than 30 people in the organization.**

Contact Name 1: _____

Contact Phone Number 1: _____

Contact Name 2: _____

Contact Phone Number 2: _____

Main Contact Email: _____

Team Members (Name @ Least 5 participants in your group):

1. _____ *required

2. _____ *required

3. _____ *required

4. _____ *required

5. _____ *required

IMPORTANT INFORMATION

- BRING \$30 REGISTRATION FEE, CHECKS PAYABLE TO CLEVELAND COUNTY HABITAT FOR HUMANITY, TO CHECK IN ON THE MORNING OF THE EVENT.
- THE REPRESENTATIVE OF THE ORGANIZATION MUST ELECTRONICALLY SIGN THE NEXT PAGE.
- COMPLETE THE APPLICATION ELECTRONICALLY AND EMAIL TO ou.build.a.thon@gmail.com
- HAVE EACH PERSON IN YOUR GROUP SIGN THE LIABILITY WAIVERS AND EMAIL THEM TO ou.build.a.thon@gmail.com OR BRING THEM ON THE DAY OF THE EVENT. MEMBERS WHO HAVE NOT SIGNED THEIR WAIVER CANNOT PARTICIPATE!
- IF YOU WANT TO ORDER T-SHIRTS, THEY ARE \$10 EACH.
- PLEASE CONTACT LILLY BOCQUIN WITH ANY QUESTIONS OR CONCERNS TO:
Lillian.L.Bocquin-1@ou.edu

HELPFUL HINT: ORGANIZATIONS ARE ENCOURAGED TO SOLICIT THE SUPPORT OF LOCAL BUSINESSES! MANY ARE WILLING TO MATCH DONATIONS IN THE AMOUNT YOUR GROUP RAISES AND EVERYONE WINS!!!

Business Name Sponsoring Your Group: _____

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK ACKNOWLEDGEMENT *FOR THE ENTIRETY OF THE PARTICIPATING GROUP*

DEFINITIONS:

Facilities- the University of Oklahoma

Indemnitees- Campus Chapter of Habitat for Humanity, Cleveland County Habitat for Humanity, Habitat for Humanity International and the University of Oklahoma and the officers, employees, and board members of these organizations.

Indemnitor- The individual signing below, and his/her, administrator, executors, and assigns. Also all members of the group for which he is signing.

The **Indemnitor** hereby releases the **Indemnitees** from any liability for damages from illness, injury, and/or death that arises out of, or is connected with, or in any manner relates to, Indemnitor's use of the Facilities and services provided at the Facilities.

Indemnitor represents that:

1. I am 18 years or older.
2. I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the Facilities and its services in a safe manner.
4. I understand and agree that it is my responsibility to assess the hazards presented by my use of the **Facilities** and services of the **Facilities**, and further agree that I am the ultimate judge as to whether I can use the **Facilities** and services without risk of harm to myself.
5. I understand and EXPRESSLY ASSUME all the dangers incident to using the Facilities and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against the **Indemnitees**.
6. I am representative of the group of which I am a part and I sign this form as a representative for the group. I release the **Indemnitees** from all claims, including but not limited to, personal injury, property damage, or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I, or any other member of the group I am representing, may ever have against the **Indemnitees**.
7. My use of the **Facilities** is entirely optional and my own free choice. My use of the **Facilities** is in no way a requirement of the University of Oklahoma.

Signature: _____

Date: _____

Print Name: _____

Cleveland County Habitat for Humanity Waiver Form Volunteer Agreement & Release from Liability Form

This Release and Waiver of Liability is executed in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Cleveland County Habitat for Humanity, an Oklahoma nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat") and the University of Oklahoma. The Volunteer desires to work as a volunteer for Habitat and OU and engage in the activities related to being a volunteer (the "Activities").

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 Habitat and the University of Oklahoma 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 Habitat and OU.
- The Volunteer understands that this Release discharges Habitat and the University of Oklahoma from any liability or claim that the Volunteer may have against Habitat and OU with respect to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat and the University of Oklahoma, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise.
- Volunteer also understands that Habitat and the University of Oklahoma do 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 Habitat and the University of Oklahoma 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 Habitat and OU.
- Assumption of Risk: The Volunteer understands that the Activities included 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 Habitat and the University of Oklahoma from all liability for injury, illness, death, or property damage resulting from the Activities.
- The Volunteer understands that, except as otherwise agreed to by Habitat and the University of Oklahoma in writing; Habitat and OU do 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 Habitat or the University of Oklahoma all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs and 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 Oklahoma, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oklahoma.
- 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 (today's date) _____

Volunteer Signature: _____

(If minor) Parent/Guardian Signature: _____

Volunteer Printed Name: _____

Volunteer Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Volunteer Group (if any): _____ Email: _____

Medical Information:

Volunteer's Date of Birth: ____/____/____

Emergency Contact and Relationship: _____/_____

Emergency Phone Numbers: _____

Please list and explain any medical conditions that you may have that would impair your ability to perform any duties
