MINOR AUTHORIZATION SUPPLEMENT TO RELEASE AND

WAIVER OF LIABILITY

IMPORTANT: If the Volunteer is <u>less than 18 years of age</u>, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents, and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, <u>that he/she is fully authorized to do so</u>, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Volunteer Under 18 Years Old:

Name:

Date of Birth:

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer's heirs, next of kin, assigns, and legal representatives. Furthermore, I understand that the above Volunteer Agreement, Release and Waiver of Liability is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to Habitat for Humanity International, Inc. or its affiliated organizations that I have the full authority to sign this on behalf of suchminor(s).

Parent/Guardian: Name (please print):	<u> </u>	Signature:	
Mailing & Physical Address:			
Phone: (H)	(C)	E-mail:	
Witness: Name (please print):		Signature:	
Parent/Guardian: Name (please print):		Signature:	
Mailing & Physical Address:			
Phone: (H)	(C)	E-mail:	
Witness: Name (please print):		_Signature:	
EMERGENCY CONTACT INFORMAT	ION FOR THE ABOVE LIS	TED MINOR VOLUNTEER:	
		Relationship:	
Address:			
Phone: (H)	(C/W)	E-mail:	