

WAIVER OF LIABILITY

To be read and signed by a parent or guardian of any volunteer under the age of 18 years old that is intending to do work for Habitat for Humanity of Miami County, Ohio.

I understand that Habitat for Humanity of Miami County, Ohio cannot be liable for any injuries or illness that my dependent(s) may suffer. I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity, Inc. beyond what may be offered freely by the representative of Habitat for Humanity of Miami County, Ohio in the event of such injury or medical expense.

Name(s) of Dependent(s) covered by this waiver	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature of parent or guardian	_____ Date
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