



## Safe Camp Expectations

*The Minnesota Conference UCC ("UCCMN") is committed to providing a safe and healthy environment in which young people and vulnerable adults can learn about and experience God's love. In order to promote this goal, we ask that you read the following Safe Camp Expectations of Pilgrim Point Camps & Retreats:*

All adults are expected to present a mature model of Christian behavior for children, youth, and vulnerable adults. The use of drugs, alcohol, ammunition, fireworks or firearms is not permitted when children or youth are present.

The UCCMN desires and expects that responsible adults (parents and/or designated guardians) will watch over their children, youth, and/or vulnerable adults. In situations where participants are not readily visible to each other, no fewer than two preferably unrelated adults will be present with children. Youth over the age of 16 may assist an unrelated adult in supervising children and youth activities; however, such assistance does not alter the requirement that at least two preferably unrelated adults be present. For purposes of this policy, "related" adults will include those adults in relationship with each other regardless of marital status or sexual orientation.

If groups of children and youth include both male and females, there must be both male and female adults in proximity to the children, youth, and/or vulnerable adults.

In situations of overnight housing, if adults are housed in the same room as unrelated youth, at least two unrelated adults must be assigned to the room.

Except in emergency situations, signed written consent of one custodial parent or guardian of a minor (including transportation consent if appropriate) will be required for all activities off the property of the UCCMN or a UCC-affiliated church or any overnight activity.

A medical information and/or release form is required for all children and youth attending Conference events taking place away from parental supervision. If the parent or guardian is present, then a form does not have to be filled out at this time.

In the event youth (ages 13-17) are used as volunteers with children (ages 0 – 12), due diligence will be employed to team the youth with a preferably unrelated adult. At least five years separation between adults or youth 13-17 in supervision and the children/youth they supervise is the recommended rule.

☐ **I have read and understood these Safe Conduct notes.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Local Church Affiliation and City: \_\_\_\_\_



**Habitat for Humanity of Douglas County, Minnesota, Inc.**

***Adult Release and Waiver of Liability***

**PLEASE READ CAREFULLY!**

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_, by \_\_\_\_\_, (the "Volunteer"), in favor of Habitat for Humanity of Douglas County, Minnesota, Inc., Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReSale operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; constructing and rehabilitating residential buildings; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

**Release and Waiver.** I, THE VOLUNTEER, DO HEREBY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS THE RELEASED PARTIES AND THEIR SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY, CLAIMS AND DEMANDS WHICH I OR MY HEIRS, ASSIGNS, NEXT OF KIN OR LEGAL REPRESENTATIVES MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE WHICH ARISE OR MAY HEREAFTER ARISE FROM OR IS IN ANY WAY RELATED TO MY ACTIVITIES WITH ANY OF THE RELEASED PARTIES, WHETHER CAUSED WHOLLY OR IN PART BY THE SIMPLE NEGLIGENCE, FAULT OR OTHER MISCONDUCT, OTHER THAN INTENTIONAL OR GROSSLY NEGLIGENT CONDUCT, OF ANY OF THE RELEASED PARTIES OR OF OTHER VOLUNTEERS.

I UNDERSTAND AND ACKNOWLEDGE THAT BY THIS RELEASE I KNOWINGLY ASSUME THE RISK OF INJURY, HARM AND LOSS ASSOCIATED WITH THE ACTIVITIES. I ALSO UNDERSTAND THAT THE RELEASED PARTIES 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, ILLNESS, DEATH OR PROPERTY DAMAGE.

**Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

**Assumption of the Risk.** I, THE VOLUNTEER, UNDERSTAND THAT MY ACTIVITIES MAY INCLUDE WORK THAT MAY BE HAZARDOUS TO ME, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: CONSTRUCTION; LOADING AND UNLOADING; TRAVEL TO AND FROM THE WORK SITES; AND EXPOSURE TO LEAD, ASBESTOS, AND MOLD, WHICH MAY CAUSE OR WORSEN CERTAIN ILLNESSES, ESPECIALLY IF I DO NOT WEAR PROTECTIVE EQUIPMENT, AM EXPOSED FOR EXTENDED PERIODS OF TIME, OR HAVE A PRE-EXISTING IMMUNE SYSTEM DEFICIENCY.

I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM IN THE ACTIVITIES AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY FOR ANY LOSS, COST, EXPENSE, INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE RESULTING DIRECTLY OR INDIRECTLY FROM THE ACTIVITIES.

**OVER**

**Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

**Photographic Release.** I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., and Habitat for Humanity of Douglas County, Minnesota, Inc., all rights, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

**Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event 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 clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY.

To express my understanding of and agreement with this Release, I sign here with a witness.

**Volunteer:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Witness:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION
Name: _____ Relationship: _____
Address: _____
Phone: (H) _____ (C/W) _____ E-mail: _____

**Bring form to worksite or mail to:**

Habitat for Humanity of Douglas County  
1211 N Nokomis NE, Alexandria MN 56308  
(320) 762-4255  
Fax: (320) 762-1850  
info@hfhdouglascounty.org