



Volunteer Release and Waiver of Liability Form

Personal Information - Please print clearly

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Male _____ Female _____ Please check if under age 18: _____ Please check if under age 15: _____

Are you volunteering with a group or organization? If yes, what is the group/organization's name: _____

Medical Information - If none, please write none

List any medical conditions, concerns, or allergies you would like EFN to be aware of in case an emergency were to occur.

If none, please write none:

[Empty box for medical information]

Emergency Contact

Name _____ Relationship _____ Phone _____

Photography and Video Use - Please read and initial

Yes! Photos and videos in which I appear that are taken during volunteering events may be used by the Emergency Food Network in newsletters, publicity, and for other promotional purposes. _____

No, thank you. Please do not include me in any Emergency Food Network promotional photo or video. _____

Participation Agreement

I understand that participation in an event or activity with Emergency Food Network (EFN) may include actions or tasks which might be hazardous and could result in harm, injury, illness or other damages. I agree and understand that my participation in this activity is strictly voluntary. By signing below I assume any risk of harm, injury, illness or other damages which might occur. I release and hold harmless EFN and each of its directors, officers, employees, partners, agents, and constituents from all claims, liability, costs and damages which might arise from participation in the event or activity. This release constitutes a voluntary waiver of any and all liability and claims of any kind against the Emergency Food Network.

I understand that the scope of my relationship with EFN is limited to a volunteer position and that no compensation is expected in return for services provided; that EFN will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my participation with EFN.

If the participant is a minor, I agree that the minor has my consent to participate in the event or activity. I further provide my consent for the EFN to seek emergency treatment for the minor if necessary and I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature _____ Date _____

Parent or Guardian, if volunteer is under 18 years of age:

Signature _____ Date _____