



food bank

VOLUNTEER RELEASE & WAIVER OF LIABILITY

This Release and Waiver of Liability (*the "Release"*) executed on _____ by _____
(Today's Date) (Print Full Name)

(*the "Volunteer"*) in favor of Second Harvest Food Bank of East Central Indiana, a nonprofit corporation, their directors, officers, employees, and agent (collectively, "Organization"). The Volunteer desires to work as a volunteer for Organization and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands the Activities may include bending, lifting, cutting, painting, and general cleaning.

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 the Organization and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Organization. Volunteer understand that this Release discharges Organization from any liability or claim that the Volunteer may have against Organization with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Organization, whether caused by the negligence of Organization or its officers, directors, employees, agents or otherwise. Volunteer also understands that Organization does 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 Organization 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 employees, and agents to seek and obtain reasonable and necessary medical care for Volunteer including, but not limited to, the ability to consent to any reasonable and necessary medical examination, any X-ray or other diagnostic examination, and any needed medical, dental, or surgical diagnosis, treatment and hospital care.
- Assumption of the Risk:** The Volunteer understand that the Activities include work that may be hazardous to the Volunteer, including, but not limited to lifting, bending, cutting, painting, and general cleaning. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Organization from ail liability for injury, illness, death, or property damage resulting from the Activities.
- Insurance:** The Volunteer understands that Organization does not carry or maintain health, medical, or disability coverage for any Volunteer, Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that this Release shall be governed by and Interpreted in accordance with the laws of the State of Indiana. 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 the Release, which shall continue to be enforceable.

By signing below, I acknowledge and represent that I have read and understand the terms of this Volunteer Release and Waiver of Liability.

Print Your Name: _____ Sign Your Name: _____

Date: _____

THIS SECTION ONLY FOR PARENTS/GUARDIANS OF CHILDREN UNDER 18

As a parent/guardian signing this Release, I accept and assume all risks associated with Volunteer's participation in Volunteer Activities and acknowledge and agree to all terms contained in this release.

Print Your Name: _____ Sign Your Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Date: _____



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Use the form below to tell us a little about yourself. **PLEASE PRINT**

Mr.

Ms.

Mrs.

_____ (First Name)

_____ (Middle Name)

_____ (Last Name)

Address: _____

(Street)

(City)

(State)

(Zip)

County: _____

Phone Number: _____

Email: _____

If you're here with a group, what group are you affiliated with? _____

Can we send you a monthly newsletter?

Yes, please

No, thanks

All of our volunteers are different and unique; please share with us any ways you'd like to get involved or talents you'd like to share.

In event of an emergency who should we contact?

Name: _____

Phone Number: _____

We think what you do is pretty amazing here, and would like to use your photos to spread the word to cure hunger. If you are 18 or older, do you give your consent for any films, videos or photographs that may be taken to be used by Second Harvest Food Bank of East Central Indiana?

Yes

No

Signature _____

Date _____

Second Harvest Food Bank of East Central Indiana does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These include, but are not limited to, staffing, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and agencies. If you need to report an incident, please contact our Office Manager or our President & CEO at 765-287-8698. Our Human Resource offices can be contacted by calling WorkSmart Systems at 317-585-7870 or email at HR@worksmartpeo.com.