VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Thank you for volunteering today. We greatly appreciate your assistance and commitment to providing food, hope and dignity to the Waukesha County community. Our insurance policy requires that we have an accurate record of all volunteers. With this form, you agree to release The FOOD Pantry Serving Waukesha County of all liability while working with The FOOD Pantry Serving Waukesha County**.**

This Release and Waiver of Liability (the "Release") executed on this _____day of _____ 20___, by _____ (the "Volunteer") in favor of The FOOD Pantry Serving Waukesha County (hereafter referred to as FPWC), a non-profit corporation, their directors, officers, employees, and agents. The Volunteer desires to work as a volunteer for FPWC and engage in the activities related to being a volunteer including, but not limited to, sorting and repackaging food donations including but not limited to cans, boxes, produce, dairy, and meat, unloading, moving and stocking the same, distributing food to clients, greeting and checking in clients, clerical work in the FPWC offices, driving and riding in FPWC vans to pick up and deliver food donations, and participating in special events and fundraisers ("Activities").

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 FPWC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with FPWC.

Volunteer understands that this Release discharges FPWC from any liability or claim that the Volunteer may have against FPWC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with FPWC, whether causes by the negligence of FPWC or its officers, directors, employees, or agents or otherwise. Volunteer also understands that FPWC 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.

Volunteer does hereby release and forever discharge FPWC 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 FPWC.

Assumption of the Risk

The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, loading and unloading, and transportation to and from FPWC. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases FPWC from all liability for injury, illness, death, or property damage resulting from the Activities.

The Volunteer understands that, except as otherwise agreed to by FPWC in writing, FPWC does not carry or maintain health, medical, or disability insurance for any Volunteer. Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers at the FPWC or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays; it is secondary to the Volunteer's personal medical insurance. If the Volunteer has no insurance, the policy pays up to the limits of coverage. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name: _____ Volunteer Signature: _____

Dated: _____ Phone: _____ Email: _____

Volunteer Address: _____

Group/Organization (if applicable): _____

In case of emergency, please contact:

Name: _____ Relation: _____

Address: _____ Phone: _____

******** If the volunteer is under the age of 18 a parent or legal guardian must sign. **********

*****Volunteers must be 16 years old to volunteer on their own. Those 13 to 15 years old may volunteer with their parent/guardian/organization or school chaperone present. *****

Parental/Legal Guardian Consent

I, _____, the Parent/Legal Guardian of the above Volunteer, a minor, hereby agrees and consents to his/her release as provided above of FPWC and, for myself, my heirs, assigns and next of kin, release FPWC from any and all liability which arise or may hereafter arise from my minor child's involvement or participation in the Volunteer's Activities with FPWC, even if arising from the negligence of FPWC. I further state that I have read and have a full understanding of the Release's contents and meaning and agree to be bound to all terms contained therein.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Dated: _____

PHOTO RELEASE FORM

I, _____,

do hereby give The FOOD Pantry Serving Waukesha County, it assigns, licensees, and legal representatives the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite representations, for trade, educational, public relations, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I am of full age. I have read this release and am fully familiar with its contents.

(Under age 18, parent or guardian sign.)

Signed: _____ Date: _____