

Adult and Minor Volunteer Application Waiver and Release of Liability

(Please Print)

Volunteer Name _____ Group Name _____

Adult Name if volunteer is a minor, (minor under age 18), his/her personal representatives, assigns, heirs, and next of kin, giving permission to volunteer _____

(Full name of Parent or Legal Guardian)

Address _____

City _____ State _____ Zip Code _____ Birthday ____/____/____

Email _____ Phone _____

Emergency Contact: Name _____ Relationship _____

Phone _____ Work _____ Other _____

WAIVERS AND RELEASES OF LIABILITY

I, being the undersigned individual (or in the event this is signed by a guardian on behalf of a minor child, “I”, “me” and “my” shall also refer to such minor child and the guardian signing in such capacity), acknowledge that I have requested to be allowed to participate in, and will be engaged from time to time in, volunteer service in connection with special events and/or other duties for or otherwise benefitting Galveston County Food Bank (GCFB). I agree to perform all volunteer duties to which I am assigned to the best of my ability and in a professional manner. I am aware that volunteer activities involve certain risks which may cause bodily injury, death, and/or property damage, **and I hereby assume such risks.** Therefore, in consideration for my being allowed to so volunteer, I, for myself and my family, heirs, executors and administrators and assigns, acknowledge and agree as follows:

GENERAL RELEASE: I agree that GCFB and its former and current officers, directors, employees, agents, representatives, successors, assigns, attorneys, and affiliates (“Released Parties”), are not responsible for any accident, injury, death, damage, loss or liability incurred or caused by me while engaged in volunteer services for the benefit of GCFB or as part of a GCFB project or any activities incidental thereto (“volunteer activities”). I RELEASE, INDEMNIFY AND HOLD HARMLESS, AND WAIVE ALL RIGHTS I MAY AT ANY TIME HAVE AGAINST, any and all Released Parties from any and all liability, lawsuits, costs, damages and claims which may arise from or otherwise be directly or indirectly connected with a GCFB project and/or my volunteer activities, including but not limited to any personal injury or death, or any loss, injury or damage to me or my property, or to any other person or the property of any other person, whether foreseen or unforeseen, and whenever, wherever or however any such injury, death, loss or damage may occur, and whether or not any such injury, death, loss or damage is caused solely or in part by any negligent act or omission of any Released Party.

MEDIA WAIVER AND RELEASE: I further agree that GCFB, its employees and agents have the right to take photographs, videotape, or digital recordings of me. I further consent that my name, image and identity may be revealed and used for the benefit of GCFB. I waive all rights, claims, and interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other compensation for any use of my name, image or identity. *GCFB respects your privacy and will never sell, rent, lease or give away your information (name, address, email, etc.) to any third party.

CONFIDENTIALITY: By signing this application you are agreeing to keep confidential all information regarding GCFB and its clients.

Volunteer Signature _____

Adult Signature if volunteer is a minor _____

Date _____