



**FOOD FOR FAMILIES, INC.
VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM**

This Release and Waiver of Liability (the "release") hereby releases the following Persons and Entities and otherwise agrees as follows:

Persons and Entities Released: Food for Families, Inc. all Food for Families, Inc. employees or volunteers, Centennial School District and all Centennial School District schools

1. **WAIVER AND RELEASE:** I, the Volunteer, release and forever discharge and hold harmless the above listed entities 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 the services I provide. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I am providing. I shall fully and forever waive and release Food for Families, Inc. from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to participation in this event.

2. **INSURANCE:** Further I understand that none of the above participating entities assumes any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.

3. **MEDICAL TREATMENT:** I hereby Release and forever discharge the participating entities from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer.

5. **PHOTOGRAPHIC RELEASE:** I grant and convey to the event organizers all right, title, and interests in any and all photographs, images, video, audio in connection with my providing volunteer services.

6. **CONFIDENTIALITY:** The Recipient agrees not to disclose any confidential information obtained from their position to anyone unless required to do so by law.

7. **OTHER:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Oregon and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oregon. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I have read the Oregon Food Bank's civil rights basics document, watched the Oregon Foods Bank's food safety video, and will maintain a safe, inviting and fair food program to serve people who are hungry and will comply with practices outlined.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Print Name

Date

Signature

If volunteer is under the age of 18, a parent/guardian must read and sign this Release/Waiver of Liability form.

Parent/Adult Print Name

Date

Parent/Adult Signature