



## ADULT VOLUNTEER WAIVER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## VOLUNTEER AGREEMENT/PHOTO RELEASE/LIABILITY RELEASE

- Voluntary Participation:** I acknowledge that I have voluntarily applied to assist America's Second Harvest of the Big Bend (ASHBB) with various warehouse and office needs. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance provided by ASHBB, and that I will not be eligible for any worker's compensation benefits. I acknowledge that taking any food or drink for my own personal use will result in immediate termination from the volunteering program.
- Release:** I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against ASHBB, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the ASHBB, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation here. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in this establishment.
- Permission:** I hereby give my permission to ASHBB to use my picture, likeness and name in written and verbal promotions, including but not limited to newsletters, fundraising and special events, displays, brochures, fliers and website content, through Dec. 31, 2022. \_\_\_\_ **Yes** \_\_\_\_ **No**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

If you have any questions, please contact Libby Simmons at 850-562-3033, ext. 221, or email at [libby@fightinghunger.org](mailto:libby@fightinghunger.org).  
**Revised 3/3/22**