

## Hold Harmless & Release Agreement

## All sections of this form are required

When you volunteer at our distribution center, you will build Food Paks, package bulk food, wrap toys, or prepare a variety of other items for suffering children and families around the world.

Please wear closed-toe shoes and comfortable clothes.

## Instructions for this completing this form:

- 1. Each adult participating in a volunteer event is required to fill out the "Myself" section.
- 2. If you have minors (under age 18) with you at the event, it's additionally required to fill out the "Minors in My Care" section and list minors' names on reverse.

| MYSELF               | NAME OF VOLUNTEER (18 or older)   |  | VOLUNTEER DATE |
|----------------------|---|--|----------------|
|                      | PHONE<br>Your signature below acknowledges that you hav<br>Hold Harmless & Release Agreement below.   | EMAIL<br>re read, understand, and accept the condition | is of the      |
| MINORS IN MY<br>CARE | NAME OF PARENT/GUARDIAN/RESPONSIBLE PARTY VOLUNTEER DATE   IMPORTANT: Please list the names of all minors in your care on page 2 of this form. Your signature below acknowledges that you have read, understand, and accept the conditions of the Hold Harmless & Release Agreement below.   SIGNATURE DATE |  |                |

I would like to receive information and updates from Children's Hunger Fund.

## Children's Hunger Fund Terms of Hold Harmless & Release Agreement for CHF Volunteers and Poverty Encounter Visitors

I hereby assume responsibility for myself, for my actions, and the actions of family or minors of which I am legal guardian, during the Mobile Food Pak (hereinafter "Event") for Children's Hunger Fund, a 501(c)(3) corporation.

I agree to hold harmless Children's Hunger Fund, its officers, employees, agents, directors, vendors, food manufacturers, contractors, donors and donor employees, and the property owner/lessor of the Event location, from any liability damages regarding any accidents or injuries to me, my property, or minors in my care, sustained during the Event or at the Event location.

I also agree to be fully responsible for, and assume liability for, any damage that I, or any minor in my care, may cause to property, equipment, or other persons, while at the Event location.

I agree that I am responsible to provide supervision for minors in my care while at the Event location.

I further give my knowing consent to Children's Hunger Fund and its agents, employees, contractors, and vendors to have my image, and the image of the minors in my care, photographed, visually recorded, or both, and to have recordings made of my and/or our voice(s) at the Event.

I further waive any rights and title to the use of my voice and image, photographed or recorded, and agree that such photographs and recordings will become a part of Children's Hunger Fund marketing productions and as such the sole property of Children's Hunger Fund, a 501(c)(3) corporation. I also understand that this waiver constitutes a complete release of Children's Hunger Fund regarding any claims, whether legal or equitable, I or minors in my care, may have in connection with said appearance, performance or participation at the Event.

I acknowledge that Children's Hunger Fund is not providing any compensation to me nor is Children's Hunger Fund providing me with any health insurance for my volunteer activities. I authorize Children's Hunger Fund staff or employees to obtain on my behalf, any first aid or medical services, which may be considered necessary or advisable in the event of illness or injury. I further acknowledge and agree that I will be responsible for any medical costs that may be incurred as a result of such illness or injury and resulting medical treatment.

On behalf of myself and minors in my care, I hereby consent to and approve the foregoing authorizations in favor of Children's Hunger Fund.

BY REGISTERING/SIGNING-IN TO VOLUNTEER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF THIS HOLD HARMLESS AND RELEASE AGREEMENT.

Please include the first and last names of all minors in your care.

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