



VOLUNTEER WAIVER

Specific Volunteer Waiver Form for Minors (Age 17 and under)

In consideration of the Montgomery County Food Bank allowing me the opportunity to participate as a volunteer:

- I hereby represent that (i) I am the parent or legal guardian of the Minor; (ii) the Minor is in good health, and has no known conditions that would be impacted in any way by performance of the Minor's volunteer duties;
- The Minor is not under the influence of alcohol or any illicit or prescription drugs which would in any way impair the Minor's ability to safely volunteer for the Montgomery County Food Bank, and that I am responsible for the Minor's safety. (iv) The Minor has never been charged with, arrested for, or convicted of, any crime involving a sex offense or any felony involving a controlled substance. Nor has the Minor ever been charged with, arrested for, or convicted of, any other crime (other than a traffic violation). The Minor's participation in activities and events organized or sponsored by the Montgomery County Food Bank ("MCFB") is voluntary. I agree that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the event.
- I hereby authorize the MCFB to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing MCFB programs or other lawful purpose without payment or any other consideration. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of the materials. I hereby hold harmless and release and forever discharge the MCFB from all claims, demands, liability and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.
- I understand and acknowledge all of the risks and dangers associated with the Minor's participation in activities and events organized or sponsored by MCFB, including injuries or illness to the Minor and damage or loss to property.
- For any injury, illness, property damage or loss suffered or sustained by the Minor which is in any way associated with the Minor's participation in, travel to and from, or other activity associated with the MCFB, I do hereby, on behalf of the Minor, for myself, my heirs, my administrators and executors, forever WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which I or the Minor may have or which may hereinafter accrue, against:

Montgomery County Food Bank

Including sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors and assigns.

- In the event that the Minor is unable to do so on the Minor's own because of injury, I, on behalf of the Minor, consent to administration of first aid and other medical treatment in the event of injury and agree to pay to costs of such treatment.

Confidentiality

- I agree to hold in confidence all information I become privy to regarding clients of Montgomery County Food Bank. I will not remove from the office of MCFB any electronic or written records, or copies thereof, without express permission of Montgomery County Food Bank or client. I accept full responsibility for maintaining the confidential nature of all records, client contacts and information marked confidential. I understand that I am personally responsible and fully liable for any violation of this agreement.

I hereby warrant that I am of legal age and authorized to enter into this Agreement, on behalf of the Minor, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the Minor, the Minor's parents/legal guardians, heirs and next of kind, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. I hereby certify that I have read this document and that I understand its content.

Minor's Name (Please Print)

Minor's Signature

Parent/Legal Guardian's Name (Please Print)

Parent/Legal Guardian's Signature

Date

Volunteer Group (if applicable)

Address

E-mail

City, State Zip

Phone

Date of Birth

Emergency Contact

Name

Phone Number

Relationship