



## **VOLUNTEER WAIVER**

### **Specific Volunteer Waiver Form for ADULTS (Age 18 or older)**

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

- I attest and verify that I am eighteen (18) years of age or older, that I am in good health, and have no known conditions that would be impacted in any way by performance of my volunteer duties. I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in Volunteering. I have not ever been charged with, arrested for, or convicted of, any crime involving a sex offense or any felony involving a controlled substance. Nor have I ever been charged with, arrested for, or convicted of, any other crime (other than a traffic violation). My 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 I am sufficiently fit and healthy enough to participate, that I am responsible for my own safety and well-being at all times and under all circumstances while volunteering.
- I assume all risks associated with my participation in activities and events organized or sponsored by the Montgomery County Food Bank, including injuries or illness to person and damage or loss to property.
- 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.
- For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the MCFB, I do hereby, 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 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 I am unable to do so on my own because of injury, I 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.

This VOLUNTEER'S ACKNOWLEDGMENT, WAIVER and RELEASE of LIABILITY shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby warrant that I am of legal age and competent to enter into this Agreement, 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 my spouse, children, guardians, heirs and next of kin, 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.

\_\_\_\_\_  
Volunteer's Name (Please Print)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Group (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of Birth

**Emergency Contact**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship