



INDIVIDUAL & FAMILY VOLUNTEER WAIVER

PLEASE PRINT

Name: _____

Mailing Address: _____

City State Zip

Phone: _____ Birthday: _____/_____/_____

Email: _____

FAMILY

Name, Birthdate and Email of SPOUSE, if serving with you:

Name: _____ Birthday: _____/_____/_____
Month Day Year

Email: _____

Names & Birthdates of CHILD(REN), if serving with you:

Name: _____ Birthday: _____/_____/_____
Month Day Year

Name: _____ Birthday: _____/_____/_____
Month Day Year

Name: _____ Birthday: _____/_____/_____
Month Day Year

Liability Release and Waiver AND Photo Release

I understand there may be some risks involved by volunteering at Feeding America, Kentucky's Heartland (FAKH). Knowing these facts, I hereby waive, release, discharge and agree to hold harmless FAKH, its agents, employees or anyone acting for or on its behalf from any and all claims of liability for personal injury, death or property damage of any kind or nature whatsoever arising out of or in the course of my participation in any FAKH event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown and binds myself, my heirs, executors, administrators or anyone else who might claim on my behalf.

By signing below, I give my consent to be photographed or filmed while volunteering with FAKH, and hereby give my permission for any materials of me and/or the minor children volunteering with me as listed above to be used for informational and/or promotional purposes by FAKH.

Signature

Date

Spouse Signature

Date

Parent/Guardian Signature (For volunteers under 18 years of age)

Date