



WAIVER OF LIABILITY AND PHOTO RELEASE

The undersigned Volunteer* has agreed to work as a volunteer for the Emergency Foodshelf Network.

As a Volunteer I understand that some of the activities performed by volunteers of the Emergency FoodShelf Network (EFN) involve a risk of injury, including the inherent risks associated with any warehouse activities.

As a Volunteer I hereby expressly release, relinquish, and forever discharge the Emergency Foodshelf Network, and their respective successors and representatives (collectively, the "Released Parties"), of and from any and all claims, which the undersigned may have against the Released Parties arising out of volunteer service for the Emergency Foodshelf Network and any and all related activities.

Additionally, as a Volunteer I hereby authorize the Emergency Foodshelf Network to take photographs of myself, the Volunteer, and to use or publish such photos (either still photos or film/video) as they see fit and I *waive any rights and any claims I might have regarding the taking or publishing of any such photos.*

Please make sure ALL information is filled out for every volunteer with the appropriate signature(s).

PRINT Name and Address of Volunteer:

_____			_____
Name			Date
_____			_____
Address			Date of Birth (Under Age 18)
_____	_____	_____	_____
City	State	Zip	Signature of Volunteer
_____			_____
Name of Organization (if affiliated with one)			Signature of Parent of Guardian
_____			<i>* If Volunteer is under 18 years of age or considered a vulnerable adult - Parent/Guardian signature is required.</i>
_____			_____
Telephone Number			E-mail

(Check box if you would like to receive the monthly EFN E- Newsletter with volunteer Opportunities and information.)