



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.

What to wear: Closed-toe shoes and comfortable clothes.

I AM COMPLETING THIS AGREEMENT ON BEHALF OF:

MYSELF	_____	_____
	NAME OF VOLUNTEER	VOLUNTEER DATE

	PHONE NUMBER and EMAIL ADDRESS OF VOLUNTEER	
Your signature below acknowledges that you have read, understand, and accept the conditions of the Hold Harmless & Release Agreement below.		
_____		_____
SIGNATURE		DATE

MINORS IN MY CARE*	_____	_____
	NAME OF PARENT/GUARDIAN/RESPONSIBLE PARTY	VOLUNTEER DATE

	PHONE NUMBER and EMAIL ADDRESS OF PARENT/GUARDIAN/RESPONSIBLE PARTY	
Your signature below acknowledges that you have read, understand, and accept the conditions of the Hold Harmless & Release Agreement below.		
_____		_____
SIGNATURE		DATE
*Please include the names of all minors in your care on the back of this sheet.		

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, while on-site at 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 Children's Hunger Fund building and parking lot, from any liability damages regarding any accidents or injuries to me, my property, or minors in my care, sustained while on-site at Children's Hunger Fund.

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 Children's Hunger Fund property, equipment, or other persons while on-site, including but not limited to Poverty Encounter tours and volunteer activities.

I agree that I or the designated adult are responsible to provide supervision for my minors while on-site.

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 minors in my care, photographed, visually recorded, or both, and to have recordings made of my and/or our voice(s) at the volunteer event or while on-site at Children's Hunger Fund.

I further waive any rights and title to the use of my voice and image, photographed or visually recorded, and agree that such photographs and recordings will become 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 in Poverty Encounter or Children's Hunger Fund activities.

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 OR TOUR POVERTY ENCOUNTER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF THIS HOLD HARMLESS & RELEASE AGREEMENT.

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

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