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.

Please wear closed-toe shoes and comfortable clothes.

Instructions for completing this form:

1. Each adult participating in a volunteer event is required to fill out the "Myself" section.
2. If you have minors (under age 18) with you at the event, it's additionally required to fill out the"Minors in My Care" section and list minors' names on reverse.

MYSELF

NAME OF VOLUNTEER (18 or older) _____ VOLUNTEER DATE _____

PHONE _____ EMAIL _____

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 _____

IMPORTANT: Please list the names of all minors of which you are legal guardian or are in your care on page 2.

Your signature below acknowledges that you have read, understand, and accept the conditions of the Hold Harmless & Release Agreement below.

SIGNATURE _____ DATE _____

☐ Children's Hunger Fund may send you future email communications regarding its programs, events, volunteer opportunities, fundraising activities, and other organizational updates. To opt-out, Check here if you do not wish to receive these email communications.

Children's Hunger Fund ("CHF") 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 any minors of which I am legal guardian or in my care, for CHF, a 501(c)(3)corporation.

I agree to hold harmless CHF, its officers, employees, agents, directors, vendors, food manufacturers, contractors, donors and donor employees, and the property owner/lessor of the Event location, from any liability damages regarding any accidents or injuries to me, my property, or any minors of which I am legal guardian or in my care, sustained during the Event or at the Event location. I also agree to be fully responsible for, and assume liability for, any damage that I, or any minors of which I am legal guardian or in my care, may cause to property, equipment, or other persons, while at the Event location.

I agree that I am responsible to provide supervision for any minors of which I am legal guardian or in my care while at the Event location.

I further give my knowing consent to CHF and its agents, employees, contractors, and vendors to have my image, and the image of any minors of which I am legal guardian or in my care, photographed, visually recorded, or both, and to have recordings made of my and/or our voice(s) at the Event.

I further waive any rights and title to the use of my voice and image, photographed or recorded, and agree that such photographs and recordings will become a part of CHF marketing productions and as such the sole property of CHF, a 501(c)(3) corporation. I also understand that this waiver constitutes a complete release of CHF regarding any claims, whether legal or equitable, I or any minors of which I am legal guardian or in my care, may have in connection with said appearance, performance, or participation at the Event.

I acknowledge that CHF is not providing any compensation to me nor is CHF providing me with any health insurance for my volunteer activities. I authorize CHF's 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.

I am aware of the contagious nature of bacterial and viral diseases including, but not limited to, the 2019 novel coronavirus disease (COVID-19) collectively termed the "Disease" and the risk that I may be exposed to or contract the Disease by: (1) being on the CHF Premises; (2) engaging in volunteer activities at or during the Event; or (3) visiting the Poverty Encounter. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, disability, or loss of life. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including CHF employees. I understand that while CHF has implemented cleanliness and preventative measures designed to reduce the spread of the Disease on its premises, CHF cannot guarantee that I will not become infected with or exposed to the Disease while on the CHF Premises, engaged in volunteer activities at or during the Event, or visiting the Poverty Encounter and that doing these three actions may increase my risk of contracting the Disease. NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, I ACKNOWLEDGE THAT I AM VOLUNTARILY ENTERING THE CHF PREMISES TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, OR LOSS OF LIFE RELATED TO THE DISEASE, ARISING FROM MY BEING ON THE PREMISES OR ENGAGING IN THE ACTIVITIES SET FORTH ABOVE, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF CHF OR OTHERWISE. I understand that by signing this release, I am waiving any and all claims of any kind arising out of or attributable to my being on the Premises or engaging in the Activities set forth above and being exposed to or contracting the Disease, including those claims that may be unknown to me, or which I do not suspect to exist at this time.

On behalf of myself and any minors of which I am legal guardian or in my care, I hereby consent to and approve the foregoing authorizations in favor of CHF.

BY REGISTERING/SIGNING-IN TO VOLUNTEER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF THIS HOLD HARMLESS AND RELEASE AGREEMENT.

Please include the first and last names of all minors of which you are legal guardian of or are in your care.

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