

# Sequim Food Bank

## VOLUNTEER LIABILITY RELEASE FORM

In consideration of my desire to serve as a volunteer at The Sequim Food Bank I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary activity or service, including the use of equipment and facilities of The Sequim Food Bank.

I understand that the scope of a Volunteer's relationship with The Sequim Food Bank is limited to a volunteer position and that no compensation is expected in return for services provided. I understand that all volunteers at The Sequim Food Bank are responsible for their own insurance coverage in the event of personal illness or injury sustained as a result of volunteer activities at The Sequim Food Bank.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge The Sequim Food Bank and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Washington, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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## PARENTAL WAIVER/CONSENT FORM

*\* If you 18 or over, you do NOT need a parental consent form.*

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in activities at The Sequim Food Bank.

I hereby release The Sequim Food Bank, its Board of Directors and officers, employees, volunteers and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release The Sequim Food Bank, its Board of Directors and officers, employees, volunteers and agents for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian**

**Date**

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

*Printed Name of Parent/Guardian*

*Phone Number*