

**Hamilton County Harvest Food Bank, Inc.  
Participant / Volunteer  
Accident Waiver and Release of Liability**

I recognize and acknowledge that there are inherent risks in my presence and participation in the **Volunteer Activities conducted by Hamilton County Harvest Food Bank, Inc.** I acknowledge that this Accident Waiver and Release of Liability form will be used by the activity holders, sponsors and organizers, in which I may participate, and that it will govern my actions and responsibilities at said activities. In consideration of my participation in such activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from such events, the Hamilton County Harvest Food Bank, Inc. and White River Christian Church, their directors, officers, employees, volunteers, representatives and agents, activity holders, activity sponsors, activity directors and volunteers;

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals and entities as a result of any of my actions during such activities.

I am aware that Hamilton County Harvest Food Bank, Inc. does not provide health and accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating in the Volunteer Activities.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during these activities.

I hereby consent to a simple background check (if over the age of 18) which will be conducted by HCHFB before I engage in any volunteer event involving children.

**I understand that at these events and related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors organizations and assigns.**

This agreement stays in effect unless rescinded by me in writing.

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF CLAIM FORM.**

Volunteer Signature \_\_\_\_\_ Volunteer Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

If under 18 years old signature of custodial parent or legal guardian required. Is/are child(ren) age 18 or older?

If Yes \_\_\_\_\_ (Child(ren)'s) Initials)

If No – Guardian's signature is needed below.

The undersigned hereby acknowledges and affirms that they are the custodial parent or legal guardian of the under age 18 volunteer(s) named above, and does hereby consent to the child(ren) serving as a volunteer(s) of Hamilton County Harvest Food Bank, Inc. The undersigned does hereby further agree to be bound by the terms of this Waiver and Release of Liability.

Guardian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_