



## ***Volunteer Release and Waiver of Liability***

### **Contact Information**

Name : \_\_\_\_\_ ( Please Print)  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ (Please Print)

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Group Affiliation Name \_\_\_\_\_

Court appointed \_\_\_\_ YES \_\_\_\_ NO

### **Waiver**

I do hereby represent that:

1. I am 18 years of age or older. IF NOT 18 years old, AGE \_\_\_\_\_ Include Parent/Guardian signature below.
2. I recognize and appreciate any dangers and risks inherent in volunteering for The Downtown Evening Soup Kitchen.
3. I am submitting this release and waiver of liability declaration voluntarily and of my own free will.
4. I have no physical or emotional problems, nor any history thereof, which will impair my ability to volunteer for the Downtown Evening Soup Kitchen.
5. I hold harmless and agree to indemnify The Downtown Evening Soup Kitchen, its officers, directors, employees, agents and volunteers from all claims, liability, and damages I may sustain from any bodily injury, personal injury or property damage which may occur from any cause, including negligence, before, during or after any The Downtown Evening Soup Kitchen event in which I participate as a volunteer.
6. I irrevocably grant The Downtown Evening Soup Kitchen and its agents, the exclusive right to use my name, likeness, photos or reproduction for any purpose including web site articles, promotion, advertising or other purposes.
7. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

### ***Signature of Parent or Legal Guardian (if volunteer is under age 18):***

\_\_\_\_\_  
Parent or guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent or guardian