

Feeding Northeast Florida - Volunteer Waiver and Permission Form

Volunteer's Name _____

Date of Birth _____

Group Name _____

Group Contact _____

WAIVER AND ASSUMPTION OF RISK

I understand that the warehouse in which I want to volunteer for Feeding Northeast Florida is an inherently dangerous place. By agreeing to volunteer for Feeding Northeast Florida, I understand and expressly assume the risk of serious bodily injury, death, or property damage occurring and I hereby release Feeding Northeast Florida, its subsidiaries, affiliates, employees, directors, officers, and other volunteers (hereafter, the "Releasees"), from all liability to me, my personal representatives, assigns, heirs, and next of kin for loss or damage, including death, bodily injury, or property damage, whether caused by the gross negligence or negligence of any of the Releasees.

This waiver remains in full force and effect for each and every future visit or volunteering event sponsored by Feeding Northeast Florida. I understand that my agreeing to these terms is a pre-condition to Feeding Northeast Florida allowing me into its warehouse.

AGREEMENT NOT TO GO INTO RESTRICTED AREAS

I understand that there are areas of the warehouse that are off-limits, restricted, or otherwise forbidden for volunteers. I agree not to go into any restricted area and to alert a supervisor if I see any non-authorized person go into any restricted area.

EMERGENCY MEDICAL CARE

In the event I suffer any illness or injury while participating as a volunteer for Feeding Northeast Florida, at any time either now or in the future, requiring emergency hospitalization, medication, or surgery, on the recommendation of the doctor, after having a consultation with the adults in charge of this event, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the coordinator or other responsible person will advise my emergency contact at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this event to protect the safety of those involved.

PERMISSION TO USE VOLUNTEER'S LIKENESS

I grant Feeding Northeast Florida, and any subsidiaries, affiliates, officers, employees, volunteers, or other persons acting or purporting to act on its behalf, permission to use photos, videos, audio, or other recordings that are taken during volunteering in which I appear in publications including news coverage, newsletters, publicity, reports, displays, and other print, broadcast, web or electronic news or promotional materials.

SEVERABILITY

If any provision of this agreement is held illegal or unenforceable in a judicial proceeding, such provision shall be severed and become inoperative, and the remainder of this agreement shall remain operative and binding.

List any concerns of which the Volunteer Team should be aware:

Signature _____ Date _____

Signature _____ Date _____

(Parent/Guardian, if under 18 years of age)

(For Staff Use Only) Confirmed age through government issued identification. Staff Signature: _____