



Group Name _____

Injury

I hereby accept and assume full responsibility for any injury my dependent might suffer while volunteering at/for Community Harvest Food Bank of Northeast Indiana, Inc. (CHFB). I also give permission to food bank staff to seek treatment in case of injury and to take other action should medical emergency arise. I waive and release my dependent's right for damages.

Photo Consent

I give consent for any films, videos or photographs that may be taken of my dependent to be used by CHFB or any of its participating agencies in any publicity and/or advertising programs which may be undertaken by these organizations in the conduct of their legally incorporated purposes. I release CHFB, its participating agencies and any consultants from any liability in connection with the use of such materials.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement. I have read and agree to the rules listed above. I am volunteering my time for personal reason and understand that I will not receive food or any other compensation as payment for my services.

Minor's Name (printed)

Parent or Guardian's Name (printed)

Parent or Guardian's Signature

Date of Signature