

## VOLUNTEER WAIVER AND RELEASE FORM

Media Food Bank  
350 W. State Street  
Media, PA 19063

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to assist and participate in volunteer activities at Media Food Bank. I understand that the scope of my relationship with Media Food Bank is limited to a volunteer position and that no compensation is expected in return for services provided by me; that Media Food Bank will not provide any benefits traditionally associated with employment to volunteers; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to Media Food Bank.

### **1. Waiver and Release:**

I release and forever discharge and hold harmless Media Food Bank and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Media Food Bank. I understand and acknowledge that this Release discharges Media Food Bank from any liability or claim that I may have against Media Food Bank with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on Media Food Bank premises or at any off-site activity sponsored by Media Food Bank.

### **2. Insurance:**

Further, I understand that Media Food Bank does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability insurance in the event of my injury, illness, death, or property damage.

### **3. Medical Treatment:**

I hereby release and forever discharge Media Food Bank from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Media Food Bank.

### **4. Assumption of Risk:**

I understand that the services I provide to Media Food Bank may include activities that may be hazardous to me including, but not limited to, lifting, loading and unloading of heavy items, and transportation to and from the sites where Media Food Bank activities occur. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Media Food Bank from all liability.

### **5. Photographic Release:**

I grant and convey to Media Food Bank all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Media Food Bank in connection with my providing volunteer services to Media Food Bank.

## ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and understood this waiver and I agree to its terms.

Volunteer's Printed Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

(If the volunteer is under the age of 18, a parent or legal guardian must read and sign this waiver.)

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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