A picture containing clipart

Description generated with high confidence

**Volunteer’s Waiver & Release**

I, on behalf of myself, my personal representatives, assigns, heirs, and next of kin, do hereby agree to indemnify and hold harmless the Houston Food Bank, its employees, volunteers or Agents (the Released Parties), from any and all liability, claims, demands, actions or causes of action, or any kind of nature, arising out of or related to any damage, illness or injury, regardless of severity, resulting from the performance of my assigned duties as a volunteer (Claim(. I hereby expressly waive any right of action I may have against the Released Parties in consideration of my participation as a volunteer for the Houston Food Bank. I hereby acknowledge that I know of no medical reason that would preclude me from serving as a volunteer.

**IT IS MY EXPRESS INTENTION, AND THE EXPRESS INTENTION OF THE RELEASED PARTIES, THAT THIS RELEASE PROVIDED FOR IN THIS AGREEMENT RELEASE THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE THE CONTRIBUTING CAUSES OF THE CLAIM, TO THE GREATEST EXTENT PERMITTED BY APPLICABLE LAW, THE HOUSTON FOOD BANK SHALL NOT BE HELD LIABLE IF I CONTRACT COVID-19 FROM VOLUNTEERING IN THE HOUSTON FOOD BANK OR PARTICIPATING AT ONE OF ITS SITES.**

*The Houston Food Bank and Feeding America also have permission to use my voice, name, likeness, photograph, or videotaped images in publicity about the Houston Food Bank and its activities without additional prior notice or permission and without compensation.*

By entering this facility, I acknowledge that my waiver and release of liability is being agreed to by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I certify that I have reached the age of majority, and that I have read the above waiver and release of liability and fully understand its contents.

Volunteer’s Name: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print

HFB Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_