**MINOR LIABILITY WAIVER**

**FOR VOLUNTEERS AGED 17 AND YOUNGER**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.**

By signing below, I, on behalf of myself and the named minor, our respective personal representatives, assigns, heirs, and next of kin (collectively, the “Releasing Parties”), do hereby agree to indemnify and hold harmless the Houston Food Bank, its employees, volunteers or Agents (collectively, 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 the named minor’s assigned duties as a volunteer ("Claims"). On behalf of myself and the Releasing Parties, I hereby expressly waive any right of action against the Released Parties relating to or arising from any Claim in consideration of the named minor’s participation as a volunteer for the Houston Food Bank. I hereby acknowledge that I know of no medical reason that would preclude the named minor from serving as a volunteer.

**It is my express intention, and the express intention of the Released Parties, that this release COVERS AND RELEASES ANY AND all claims and all consequences of the acts or omissions of the Released Parties, including acts of negligence, alleged negligence, gross negligence OR INTENTIONAL ACTS, including where same are the CAUSE OR contributing cause of the claims. To the Greatest Extent permitted by Applicable Law, ThE HOUSTON FOOD BANK Shall NOT BE HELD LIABLE IF THE NAMED MINOR CONTRACTS COVID-19 FROM Volunteering IN THE HOUSTON FOOD BANK OR PARTICIPATING AT ONE OF ITS SITES.**

The Houston Food Bank and Feeding America also has permission to use the named minor’s voice, name, likeness, photograph, or videotaped image in publicity about the Houston Food Bank and its activities without additional prior notice or permission and without compensation.

By signing below, I acknowledge that this waiver and release of liability is being agreed to by me on behalf of myself and the named minor voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I agree that in the event that any clause of this waiver and release of liability shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions. 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.

***This waiver must be completed by Parents / Guardians for any of the following categories:***

1. ***School Groups – Sent to Group Leaders in advance for parents / guardians to complete. The Group Leader provides HFB with completed forms when the group arrives to volunteer.***
2. ***Individual Parents / Guardians who bring unregistered minors to volunteer at Portwall or other offsite shifts.***
3. ***Minors ages 16-17 who volunteer without a parent / guardian present.***

|  |  |
| --- | --- |
| **Group Name (if applicable)** | **Volunteer Shift Date and Start Time** |
| Minor’s Full Name | Age of Minor |
| Street Address | City / State / Zip Code |
| Parent / Guardian Phone | Parent / Guardian Email Address |
| Parent / Guardian Signature | Date Signed |