Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ by _____ ("Volunteer") releases the Palm Beach County Food Bank (also referred as PBCFB), a 501(c)(3) nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for the PBCFB and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with the PBCFB is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; the PBCFB will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to the PBCFB.

1. Waiver and Release: I, release and forever discharge and hold harmless the PBCFB and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to the PBCFB. I understand and acknowledge that this Release discharges the PBCFB from any liability or claim that I may have against PBCFB with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to the PBCFB or occurring while I am providing volunteer services.

2. Insurance: Further I understand that the PBCFB 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 benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the PBCFB.

3. Medical Treatment: I hereby Release and forever discharge the PBCFB 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 the PBCFB.

4. Assumption of Risk: I understand that the services I provide to the PBCFB may include activities that may be hazardous to me including, but not limited to lifting, pushing, pulling, use of cleaning supplies, etc. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release the PBCFB from all liability. As a volunteer, I understand that this Release discharges the PBCFB Parties from any liability or claim that Volunteer may have against any PBCFB Party with respect to any bodily or personal injury, illness, death, or property damage that may result from Volunteer's activities with PBCFB, whether caused by the negligence of PBCFB or its directors, officers, employees, representatives, agents, successors, assigns or otherwise. Volunteer also understands that PBCFB does not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

5. Photographic Release: I grant and convey to the PBCFB all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the PBCFB in connection with my providing volunteer services to the PBCFB.

6. Volunteer Handbook: I understand that I am subject to complying with all of the policies and procedures outlined in the Volunteer Handbook. I further acknowledge that I have been given the opportunity to ask any questions I may have about the application of these policies to my engagement as a volunteer of the Palm Beach County Food Bank.

7. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

_____ _____

Volunteer Signature Date

_____

Print Name

_____

Parent/Guardian Signature