FEED LOUISVILLE VOLUNTEER RELEASE AND WAIVER OF LIABILITY

VOLUNTEER (please print): _____

Email: _____ ***Phone:*** _____

1. RISKS ASSOCIATED WITH VOLUNTEERING: I understand that there may be risks associated with volunteer activities, including, but not limited to, handling sharp or hot objects, working around high temperatures in a kitchen environment, lifting heavy objects, and travelling for volunteer activities offsite.

2. ASSUMPTION OF RISK, WAIVER AND RELEASE: Understanding that there may be some risks associated with volunteering, I hereby assume and accept the risks of any injury, harm or property loss or damage that I may incur while volunteering. I release and forever discharge and hold harmless Feed Louisville**,** its directors, officers, agents, employees, volunteers, successors and assigns from any and all liability, claims or demands of whatever kind or nature which may arise from my volunteer activities with Feed Louisville.

3. MEDICAL TREATMENT: I authorize Feed Louisville to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt or experience a medical emergency while volunteering. I understand that Feed Louisville is not obligated to provide this care. In the event of emergency, I authorize Feed Louisville to notify my emergency contact listed below. I release Feed Louisville from any claim whatsoever which may arise on account of any first aid, treatment, or service rendered in connection with my volunteer activities.

4. USE OF MY IMAGE: I understand that Feed Louisville may take photos or videos of me. I grant Feed Louisville all right, title, and interest in any and all photographic images and video/audio recordings made during my activities, and authorize their use in print or digital form for educational, promotional, fundraising or other purposes without obtaining my further consent.

SIGNATURE (FOR VOLUNTEERS AGE 18+)

Volunteer Signature: _____ **Date:** _____

Emergency Contact Name: _____ **Phone:** _____

PARENTAL CONSENT & RELEASE (REQUIRED FOR MINORS UNDER 18)

I, _____, the parent or legal guardian of the minor named above, hereby give my consent for the minor to participate in volunteer activities with Feed Louisville. On behalf of the minor and myself, I agree to all terms and conditions of this Waiver and Release.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact Name: _____**Phone:**_____