Please review these guidelines carefully, then sign and return this form to Volunteer Coordinator.

Westmoreland County Food Bank, Inc   100 Devonshire Drive   Delmont   PA 15626
724-468-8660   westmorelandfoodbank.org   FAX 724-468-5894

GMC 8/31/2021   See Over
In consideration of being allowed to participate in events and volunteer activities through Westmoreland County Food Bank, Inc., hereinafter as WCFB, I acknowledge and agree that:

1. I am volunteering to assist WCFB in its events and volunteer activities, including, but not limited to warehouse or office help, packing of food boxes or backpacks, Operation Fresh Express, food pantry distribution, food drives or gleaning programs, collecting and transporting donated food.
2. I acknowledge that participation as a volunteer with WCFB and in its related events and volunteer activities carries with it the risk of death, serious injury, disability and/or property loss. I knowingly and freely assume all risks from my participation in the events and volunteer activities.
3. I hereby release and discharge WCFB, its partner and member agencies, donors, sponsors, the owners and lessors of premises used for the events and volunteer activities, and each of their officers, directors, members, employees, agents, representatives, heirs, successors and assigns (hereinafter collectively referred to as Releasees) from any and all liability, claims or causes of action, of whatever kind, foreseen or unforeseen, including, but not limited to those for personal injury, death, disability, property damage or other harm, arising out of or in any way connected with my participation in the events and volunteer activities, including those caused by the negligent acts or omissions of the Releasees.
4. I further agree to indemnify defend and hold harmless Releasees from any and all claims, causes of action, damages or liabilities of any kind, including the expenses of litigation and attorney=s fees, arising out of or in any way connected with my participation in the events and volunteer activities.
5. I understand and agree that this Volunteer Waiver and Release of Liability is binding on my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives.

I have read the foregoing Volunteer Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and am voluntarily signing below, intending to be legally bound.

_________________________    __________________________
Signature of Volunteer         Date:

_________________________
Print Name of Volunteer

If volunteer is under 18, a parent or guardian must also sign this Volunteer Waiver and Release of Liability.

I, as parent or guardian with legal responsibility for the volunteer, consent and agree to the terms and conditions as stated in the Volunteer Waiver and Release of Liability as provided above, and for myself, my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives, hereby release and agree to indemnify and hold harmless the Releasees from any and all claims and liabilities arising out of or in any way connected with my minor child or ward=s participation in the events and volunteer activities as provided above, even if arising from the negligent acts or omissions of the Releasees.

_________________________    __________________________
Signature of Parent/Legal Guardian:    Date:

See over
Photo Release and Consent Form

Individuals who donate to, volunteer for, or receive food from Westmoreland County Food Bank are occasionally asked to be part of Westmoreland County Food Bank publicity, publications, and/or public relations activities. In order to guarantee personal privacy and ensure your agreement to participate, Westmoreland County Food Bank asks that you sign this form.

Your signature indicates approval for your name, picture, verbal statements or portraits (video or still) to appear in Westmoreland County Food Bank publicity. Westmoreland County Food Bank may use the pictures and/or videos in subsequent years.

I authorize Westmoreland County Food Bank to use my photograph in any or all of its publicity. Said photographs shall remain and be the property of Westmoreland County Food Bank. They may be used with or without my name or using my initials of a fictitious name.

I, also, agree I will not be compensated for these pictures and my consent and release have been given without coercion or duress.

I hereby release Westmoreland County Food Bank, any of its associated or affiliated services, their directors, officers, agencies and employees from all claims of any kind on account of such use.

I have read the foregoing and fully understand the contents.

Please sign below, giving your permission to be photographed.

Printed Name__________________________________________

Signature X___________________________________________

Effective Date of Agreement_____________________________ Pantry # ________ (optional)

If a person appearing is a minor (under 18 years of age), a parent or legal guardian must sign the form as well.

Parent/Legal Guardian Signature___________________________ Date_________________