



Volunteer Waiver

Your Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Location: Food Bank Services Event: _____ Other: _____
1951 Bell Avenue

Are you volunteering with a group? If so, please list group name: _____

Today's Date: _____

Time In: _____ Time Out: _____

I understand that my volunteer activities may have inherent risks that may arise from the activities themselves, Sacramento Food Bank and Family Service's (SFBFS) operations, my own actions or inactions, or the actions or inactions of SFBFS, its directors, officers, assigns, affiliates, employees and agents, other volunteers, and any others present at the SFBFS. I assume full responsibility for any and all risks of bodily injury, "illness", death or property damage caused by or arising directly or indirectly from my presence or participation at SFBFS or other SFBFS volunteer sites or participation in SFBFS activities, regardless of the cause.

I waive and release any and all claims against SFBFS, its directors, officers, assigns, affiliates, employees, volunteers, (collectively, the "Released Parties"), for any liability, loss, damages, claims, expenses and attorneys' fees resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my and/or my child's or ward's presence at SFBFS, or participation in activities on behalf of SFBFS, regardless of the cause and even if caused by negligence. SFBFS is understood to include the Diocese of Sacramento. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I understand that SFBFS would not permit me to volunteer without my agreeing to these waivers and releases.

I understand and acknowledge that (i) that my time and services as a volunteer are being donated by me to SFBFS, without contemplation of compensation or future employment, (ii) I am not an employee of SFBFS, therefore, any time or services that I provide to SFBFS or its programs is for religious, charitable, or humanitarian reasons and (iii) I am not covered by or eligible for any insurance, health care, worker's compensation, or other benefits through my volunteer participation at SFBFS.

I certify that I give consent for and release of photographs and/or videos of myself while volunteering for the purpose of promotion or advertisement. I release SFBFS, its officers, directors and employees from all liability arising from the use of my name or photograph. When volunteering, I agree to wear closed-toe shoes. I understand that closed-toe and closed-heel shoes are required in warehouse settings. I will not take, accept or receive any items intended for client use (including but not limited to food or clothing items).

I understand that my child or ward may not volunteer alone if he/she is between the ages of 10-15 and that the person who accompanies my child to volunteer will be treated as a guardian of the child during their volunteer time at SFBFS. I understand that my child between the ages of 16-17 may volunteer at SFBFS without an accompanying adult. I understand that SFBFS is not responsible for coordinating, arranging, monitoring or participating in the transportation to/from or pick up/drop off at any SFBFS minor volunteers from SFBFS locations, activities or events.

Sacramento Food Bank & Family Services (SFBFS) reserves the right to refuse volunteer opportunities to any individual or group. SFBFS also has the right to terminate a volunteer.

I have carefully reviewed the above statements and agree to abide by all the terms and conditions outlined therein.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian (If Under 18 Years Old)

Date