



Rahway Food For Friends, A NJ Nonprofit Corporation
1221 New Brunswick Avenue, Rahway, New Jersey 07065
(732) 381-7201

www.rahwayfoodforfriendsnj.org

Minor Release and Waiver Form to Volunteer

I hereby give permission for my son/daughter _____ (name)
who is _____ years old to volunteer at Rahway Food For Friends on _____
(age) (date)

In case of an emergency, I authorize the person in charge to seek qualified medical aid for any injury sustained by my child. I understand that all costs incurred for medical expenses are my responsibility. Also, I understand that my child is expected to act in an appropriate manner and if my child does not behave appropriately I may be required to pick him/her up at the site. Once this document is signed, I understand that Rahway Food For Friends, Board of Directors, and staff are not liable or responsible for any personal injury, loss of property, negligent, willful or intentional act. Additionally, I acknowledge that my son/daughter's participation is entirely voluntary and understand that my son or daughter must be subject to the rules, procedures, and regulations of this organization. Furthermore, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release and waiver.

Name of parent /guardian (print)

Name of parent/guardian (signature) Date

Emergency Contact Phone

Group Name: _____

Contact Person: _____ Contact Phone: _____

Approved by: _____ Rahway Food For Friends, A NJ Nonprofit Corporation

Approved on: _____