

Waiver of Liability

1. Waiver/release/assumption of risk: I understand that as a volunteer at Nourish Pierce County (Nourish) **I am responsible for my safety**. I assume any risk or harm, injury, illness or other damages which might happen during or after my volunteer time with Nourish. I release Nourish, and its directors, officers, employees and agents from liability, claims and demands of any kind that result from my work for Nourish now and in the future. I understand and acknowledge that participating as a volunteer with Nourish may include activities that may be hazardous to myself and could result in harm, injury, illness or other damages.
 - a. Activities including, but not limited to working in warehouse conditions and can sometimes include, but are not limited to, lifting, working around heavy moving equipment, and handling food products, including products containing allergens such as peanuts and tree nuts.
 - b. I am expected to follow safety rules and all other rules related to the warehouse.
 - c. **I agree and acknowledge that my participation in these activities is voluntary.**
2. Medical Treatment and Insurance: **I release Nourish from any claim on account of any First Aid, treatment, or service rendered by co-volunteers or Nourish employees due to injuries that happen doing volunteer work at Nourish.** I understand that Nourish carries no form of medical, health or disability insurance coverage for volunteers. Nourish encourages each volunteer to maintain his or her own medical or health insurance coverage.
 - a. If I am under 18, and there is an injury during my volunteer shift, my parent/guardian authorizes Nourish employees to seek treatment and take other actions should a medical emergency arise. I and my parent/guardian waive and release my right for any damages.
3. **General Photo Release:** I give Nourish the right to take photographs, videotape, or digital recordings of me to use for any forms of media, exclusive for the purpose of promoting Nourish Food Banks and its program. I also consent that my name and identity may be revealed in descriptive text or commentary. I release to Nourish, its agents, and employees all right to exhibit this work in print and electronic form. I waive any rights, claims, or interest I may be to control the use of my identity or likeness in whatever media used.
4. **If I am a minor**, I agree that I have consent from all my parents/guardians to participate in the volunteer event or activity. I understand that Nourish does not accept any liability for volunteers under 18 that leave the food bank property without parent/guardian consent.
5. **I have received the Nourish Pierce County Volunteer Handbook.** I have read the volunteer handbook and understand the Food Handling Procedures. I agree to comply with the Volunteer Handbook content and the food handling procedures.

First Name _____ MI _____ Last _____

Volunteer Signature _____ Date _____

Parent/Guardian (if under 18) _____ Date _____