This Release and Waiver of Liability executed on the above date by ______________________________ (please print name).

("Volunteer"), in favor of The Palm Beach County Food Bank, Inc. ("PBCFB"), a non-profit organization, its directors, officers, employees, representatives, agents, successors, assigns (the "PBCFB Parties"). Volunteer desires to engage in any and all activities related to being a PBCFB Volunteer ("Activities"), whether on or within the foregoing described premises or elsewhere. The Activities may include, but not be limited to, working the assembly line packing boxes of food, assisting in the PBCFB warehouse or office, and/or performing committee and/or special event work.

Release, Waiver and Assumption of Risk: Acknowledging that such risk exists, and for and in consideration of the permission granted by PBCFB to the Volunteer to engage in Volunteer’s Activities, Volunteer does hereby release and forever discharge and hold harmless the PBCFB Parties from any and all liability, claims and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with PBCFB. Volunteer understands that this Release discharges the PBCFB Parties from any liability or claim that Volunteer may have against any PBCFB Party with respect to any bodily or personal injury, illness, death, or property damage that may result from Volunteer’s Activities with PBCFB, whether caused by the negligence of PBCFB or its directors, officers, employees, representatives, agents, successors, assigns or otherwise. Volunteer also understands that PBCFB does not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical: Volunteer does hereby release and forever discharge the PBCFB Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer’s Activities with PBCFB.

Insurance: Volunteer understands that PBCFB does not carry or maintain health, medical, or disability insurance for any Volunteer. Volunteer understands that certain Activities may be hazardous to Volunteer. Volunteer expressly and specifically assumes the risk of injury or harm in these Activities and releases PBCFB from all liability for injury, illness, death or property damage resulting from Volunteer’s participation in the Activities.

Photographic Release: Volunteer does hereby grant, transfer, and convey to PBCFB, its assigns, licensees, and legal representatives, all of Volunteer’s rights, title and interest in and to all photographic images, video or audio recordings, in all form and manner (collectively referred to as the "reproductions") of Volunteer’s Activities. Such right, title and interest includes, without limitation, the right to any royalties, proceeds or other benefits derived from the reproductions of Volunteer’s Activities. Volunteer hereby understands and acknowledges that PBCFB shall have and own, in connection with Volunteer’s Activities, the sole and exclusive right to commercially exploit Volunteer’s Activities, and Volunteer shall not reproduce, sell or otherwise use or exploit any of Volunteer’s Activities, or assist another party in doing any of the foregoing, without prior written consent from PBCFB.

PBCFB will not knowingly sell or distribute the Volunteer’s contact information to any other organization or entity.

I have read and understand the Release & Liability Form. IN WITNESS WHEREOF, the undersigned has executed this Release in the State of Florida on the date written above. This Release shall be governed by the laws of the State of Florida.

Volunteer Name: ___________________________________________ Date: ______________________________________
Volunteer Signature: ________________________________________ Date: ______________________________________

If volunteer is a minor, please complete the below:

Parent/Legal Guardian Name: __________________________________ Date: ______________________________________
Relationship to Volunteer: ______________________________________ Date: ______________________________________
Signature of Parent/Legal Guardian: _______________________________ Date: ______________________________________