



Hold Harmless & Release Agreement

ALL SECTIONS OF THIS FORM ARE REQUIRED

When you volunteer at our Distribution Center, you will build Food Paks, package bulk food, wrap toys, or prepare a variety of other items for suffering children and families around the world.

Please wear closed-toe shoes and comfortable clothes.

Instructions for completing this form:

1. Each adult participating in a volunteer event is required to fill out the "Myself" section.
2. If you have minors (under age 18) with you at the event, it's additionally required to fill out the "Minors in My Care" section and list minors' names on reverse.

MYSELF	NAME OF VOLUNTEER (18 or older) _____	VOLUNTEER DATE _____
	PHONE _____	EMAIL _____
	Your signature below acknowledges that you have read, understand, and accept the conditions of the Hold Harmless & Release Agreement below.	
	SIGNATURE _____	DATE _____

MINORS IN MY CARE	NAME OF PARENT/GUARDIAN/RESPONSIBLE PARTY _____	VOLUNTEER DATE _____
	IMPORTANT: Please list the names of all minors of which you are legal guardian or are in your care on page 2.	
	Your signature below acknowledges that you have read, understand, and accept the conditions of the Hold Harmless & Release Agreement below.	
	SIGNATURE _____	DATE _____

Check here if you do not want to receive updates and information from Children's Hunger Fund.

Children's Hunger Fund ("CHF") Terms of Hold Harmless & Release Agreement for CHF Volunteers and Poverty Encounter Guests

I hereby assume responsibility for myself, for my actions, and the actions of family or any minors of which I am legal guardian or in my care, for CHF, a 501(c)(3) corporation.

I agree to hold harmless CHF, its officers, employees, agents, directors, vendors, food manufacturers, contractors, donors and donor employees, and the property owner/lessor of the Event location, from any liability damages regarding any accidents or injuries to me, my property, or any minors of which I am legal guardian or in my care, sustained during the Event or at the Event location. I also agree to be fully responsible for, and assume liability for, any damage that I, or any minors of which I am legal guardian or in my care, may cause to property, equipment, or other persons, while at the Event location.

I agree that I am responsible to provide supervision for any minors of which I am legal guardian or in my care while at the Event location.

I further give my knowing consent to CHF and its agents, employees, contractors, and vendors to have my image, and the image of any minors of which I am legal guardian or in my care, photographed, visually recorded, or both, and to have recordings made of my and/or our voice(s) at the Event.

I further waive any rights and title to the use of my voice and image, photographed or recorded, and agree that such photographs and recordings will become a part of CHF marketing productions and as such the sole property of CHF, a 501(c)(3) corporation. I also understand that this waiver constitutes a complete release of CHF regarding any claims, whether legal or equitable, I or any minors of which I am legal guardian or in my care, may have in connection with said appearance, performance, or participation at the Event.

I acknowledge that CHF is not providing any compensation to me nor is CHF providing me with any health insurance for my volunteer activities. I authorize CHF's staff or employees to obtain on my behalf, any first aid or medical services, which may be considered necessary or advisable in the event of illness or injury. I further acknowledge and agree that I will be responsible for any medical costs that may be incurred as a result of such illness or injury and resulting medical treatment.

I am aware of the contagious nature of bacterial, viral, and infectious diseases (collectively termed here as, "Infectious Diseases"). I understand that while CHF has implemented cleanliness procedures and measures designed to prevent the contraction and spread of Infectious Diseases, CHF cannot guarantee that I will not become infected with or exposed to an infectious disease. I am voluntarily entering the CHF premises with knowledge of the risks involved related to Infectious Diseases. On behalf of myself and any minors of which I am legal guardian or in my care, I understand, accept, and acknowledge the risks that I or minors of which I am legal guardian or in my care may be exposed to or contract an infectious disease and assume full responsibility for those risks while participating in CHF programs, events, and activities. I acknowledge and accept that such exposure or infection may result in serious illness, personal injury, disability, or loss of life.

In my involvement with CHF, I may review or receive confidential and/or sensitive information. Information that is considered confidential and/or sensitive includes the following types, if not known or readily available to the public: Donor lists, donor information and preferences, information about employees, or financial information and records. I will protect the confidentiality of CHF's information. I may use or disclose CHF confidential information only in the following situations: for a legitimate purpose during my involvement; with specific consent by CHF; or as otherwise required by law. I agree not to disclose confidential and/or sensitive information to any third party; not to use CHF confidential information in any way that harms CHF; and not to use CHF's confidential information to my advantage.

On behalf of myself and any minors of which I am legal guardian or in my care, I hereby consent to and approve the foregoing authorizations in favor of CHF.

BY REGISTERING/SIGNING-IN TO VOLUNTEER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF THIS HOLD HARMLESS AND RELEASE AGREEMENT.

Please include the first and last names of all minors of which you are legal guardian of or are in your care.

1	31
2	32
3	33
4	34
5	35
6	36
7	37
8	38
9	39
10	40
11	41
12	42
13	43
14	44
15	45
16	46
17	47
18	48
19	49
20	50
21	51
22	52
23	53
24	54
25	55
26	56
27	57
28	58
29	59
30	60