

Blue Mountain Action Council Food Bank

Annual Youth Volunteer Waiver

This is a waiver and release. Please read it carefully before signing. I, the undersigned, enter this Release and Waiver of Liability and Assumption of Risk Agreement (“Agreement”) on behalf of myself, my personal representatives, next of kin, heirs, successors, and assigns.

- I make this Agreement in consideration of the Released Parties providing me with the opportunity to **participate as a volunteer** in this project.
- I understand that the Project may include **dangerous or hazardous** activities and that the Project may take place on a location or under conditions that may be dangerous to me.
- **I accept full personal responsibility** for all risks arising from or relating to this Project.
- My participation in this Project is **completely voluntary** and I have neither received nor expect to receive any compensation for my participation in it.
- I agree to read, listen to and follow all **safety instructions and procedures** presented in conjunction with this Project and to **use my best judgment** based upon my physical and mental abilities at all times, and to immediately terminate participation in this Project if activities become to strenuous, difficult or hazardous for me.
- I agree that the activities necessary to complete the Project have been **fully and adequately explained** to me and that I am **physically and mentally capable** of participating in the Project without injuring myself in any manner.
- I agree to **waive all liability** of the Release Parties, **discharge them, and covenant not to sue them** for liability, claims, sums, costs, or other expenses on my account that may be caused in whole or in part by my participation in the Project.
- I agree that this Agreement shall act as a **complete bar against all actions or claims** that I might otherwise bring against the Released Parties, including negligence claims, arising from or related to this project.
- I make this Agreement for the benefit of the BMAC Food Bank, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and all private and public land owners on whose property the project described above may be located (collectively the “Released Parties”), including, without limitation, the Released Parties’ employees, agents, personal representatives, next of kin, heirs, successors and assigns.
- I have read this Agreement, fully understand its terms, understand that I have **given up substantial rights** by signing it, and have **signed it freely** and without any inducement or assurance of any nature. I intend this Agreement to be a **complete and unconditional release of all liability** to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect.

Annual Youth Photo Release

I hereby authorize and give full consent to Blue Mountain Action Council and its successors and assign to publish, copyright and display information about my participation in any BMAC activities or programs. I further agree that Blue Mountain Action Council and its successors and assigns may use or cause to be used this information for any purpose (such as, but not limited to, advertising, marketing, publications, electronic distribution, and the Web) without limitations or reservations or compensation whatsoever.



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Annual Youth Waiver & Photo Release

Activities at the BMAC Food Bank may include working around moving cars and equipment, prolonged standing, exposure to weather, and extended periods of focus. Parents/guardians are encouraged to work with BMAC staff to select activities that are appropriate for the volunteer’s age and interests.

All volunteers **under the age of 18** must have a parent or guardian complete this form prior to volunteering. All volunteers **under the age of 13** must be accompanied by an adult at all times.

Guardian Contact Information		
Youth Volunteer Name		
Parent/Guardian Name		
Relationship to Volunteer		
Phone	Email	
Address		
City	State	Zip
<input type="checkbox"/> I am the primary emergency contact for this volunteer		
<input type="checkbox"/> I do NOT want to receive email newsletters <input type="checkbox"/> I do NOT want to receive emails about volunteer opportunities		

Alternative Emergency Contact (Optional)		
In event of emergency, please contact the following parent/guardian:		
Name	Relation	
Phone	Address	

Guardian Signature	
I have read and understand the above waiver and photo release. By signing below, I agree to its provisions.	
<input type="checkbox"/> I am authorized, responsible and signing this waiver for the above volunteer under the age of 18.	
Signature_____	Date_____

***BMAC will never sell or trade your personal information**