

Interfaith Food Pantry of the Oranges, Inc.
Release and Waiver of Liability
For Individual and Group Volunteers

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This is a Release and Waiver of Liability by the undersigned in favor of the Interfaith Food Pantry of the Oranges, Inc., a New Jersey nonprofit corporation ("IFPO"), and its directors, officers, employees, and agents.

I, the volunteer, desire to work as a volunteer for IFPO and engage in activities as coordinated by IFPO related to being a volunteer. I understand that the scope of my relationship with IFPO is limited to a volunteer position and that no compensation is expected in return for my services; that IFPO Nonprofit will not provide any benefits traditionally associated with my employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to IFPO.

I freely and voluntarily execute this Release under the following terms.

1. **RELEASE AND WAIVER.** I hereby release and forever discharge IFPO and successors and assigns and each of its directors, officers, employees, and agents and their respective from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with IFPO. I understand that this Release discharges IFPO from any liability or claim that I may have against IFPO with respect to bodily injury, personal injury, illness, or death or property damages that may result from my activities with IFPO. I also understand that IFPO does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.
2. **MEDICAL TREATMENT.** I hereby release and forever discharge IFPO from any claim that arises or may arise on account of any first aid or other medical treatment or service rendered in connection with my volunteer activities with IFPO.
3. **ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including, but not limited to heavy lifting and carrying, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.
4. **INSURANCE.** I understand that IFPO does not carry or provide health, medical, disability or auto insurance coverage for any volunteer and does not assume any responsibility for or obligation to provide me with financial or other assistance in the event of my injury, illness, death or damage to my property. I expressly waive any claim for compensation or liability on the part of IFPO beyond what may be offered freely by IFPO in the event of such injury or medical expenses incurred by me. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.
5. **PHOTOGRAPHIC RELEASE.** I hereby grant unto IFPO all rights to any and all photographic, images, video or audio recordings made during my services with IFPO for internal use or reasons of publicity.
6. **Term.** I understand that this Release and Waiver shall remain in effect for as long as I am working as a volunteer for IFPO unless and until I explicitly revoke this this Release and Waiver in writing.
7. **OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

(Neatly)Print Name of Volunteer: _____

Volunteer Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

(for volunteers under the age of 18)

Emergency Contact Information

Contact Person _____ Relationship to Volunteer: _____

Contact phone number: _____