

# It's Spooky To Be Hungry



**Volunteer Waiver:** In consideration for being permitted to enter GHFB’s premises and/or participate in its programs, I do hereby release, covenant not to institute any suit or claim against, and further agree to indemnify, hold harmless or reimburse GHFB, the individual members, agents, employees and representatives thereof, as well as any activity supervisors, from and against any claim which I, (or my Child, any other parent or guardian of my Child) or any person, firm or corporation may have or claim to have for any losses or damages resulting from injuries to me (or my Child) arising out of, during, or in connection with any participation of me (or my Child) in any GHFB-related activity or any medical treatment rendered for injuries received in connection therewith. When acting as a group leader, I understand it is my responsibility to ensure all minors have parental consent and agree to GHFB volunteer policies and procedures. I understand it is my responsibility to obtain consent and concurrence with these policies and I can provide documentation if needed.”

**Photographic Release:** I give my consent for any films, videos and photographs that may be taken of me to be used by Golden Harvest Food Bank or any other participating agencies in any publicity and/or advertising programs with may be undertaken by these organizations in the conduct of their legally incorporated purpose. I release Golden Harvest Food Bank, its participating agencies and any consultants from a liability in connection with the use of such materials. I understand that it is my responsibility to let the photographer know I do not want my picture taken.

Volunteer Name	Parent or Guardian Name	Volunteer Group Name (if applicable)	Time In	Time Out
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