

ADULT LIABILITY WAIVER

FOR VOLUNTEERS AGED 18 AND OLDER



By my signature below, I, on behalf of myself, my personal representatives, assigns, heirs, and next of kin, do hereby agree to indemnify and hold harmless the Houston Food Bank, its employees, volunteers or agents (the "Released Parties") from any and all liability, claims, demands, actions or causes of action, of any kind or nature, arising out of or related to any damage, illness or injury, regardless of severity, resulting from the performance of my assigned duties as a volunteer ("Claim"). I hereby expressly waive any right of action I may have against the Released Parties in consideration of my participation as a volunteer for the Houston Food Bank. I hereby acknowledge that I know of no medical reason that would preclude me from serving as a volunteer.

COVID-19 - In the interest of public safety and the safety of Houston Food Bank employees and other volunteers, I give Houston Food Bank permission to take my temperature upon entry into the facility. If my temporal artery (forehead scan) temperature reading is 99.4 degrees (38 C) or higher, the Houston Food Bank reserves the right to ask me and/or my group to leave and reschedule the volunteer shift. I agree to abide by Houston Food Bank safety and sanitation standards.

IT IS MY EXPRESS INTENTION, AND THE EXPRESS INTENTION OF THE RELEASED PARTIES, THAT THE RELEASE PROVIDED FOR IN THIS AGREEMENT RELEASE THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE THE CONTRIBUTING CAUSE OF THE CLAIM. TO THE GREATEST EXTENT PERMITTED BY APPLICABLE LAW, THE FOOD BANK SHALL NOT BE HELD LIABLE IF I CONTRACT COVID 19 FROM VOLUNTEERING IN THE FOOD BANK OR PARTICIPATING AT ONE OF ITS SITES.

The Houston Food Bank also has permission to use my voice, name, likeness, photograph, or videotaped image in publicity about the Houston Food Bank and its activities without additional prior notice or permission and without additional compensation to me.

I acknowledge that this waiver and release of liability is being signed by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I certify that I have reached the age of majority, and that I have read the above waiver and release of liability and fully understand its contents.

**** PLEASE PRINT CLEARLY ****

Group Name (if applicable)		Volunteer Shift Day, Date and Start Time	
First Name		Last Name	
Street Address		City / State / Zip Code	
Phone	Email Address		
Signature		Date Signed	TEMP