



CITRUS GLEANING PROGRAM INDIVIDUAL RELEASE FORM

Individual Name _____ Date _____

Group/Organization _____

Address _____

City _____ State _____ Zip _____

Main Phone _____ Alt Phone _____ E-Mail _____

May we add you to our volunteer e-mail list? (Please circle) YES NO

EMERGENCY INFORMATION — Please Include All Information We May Need In An Emergency.

Emergency Contact: _____

Relationship: _____ Main Phone _____ Alt Phone _____

WAIVER: I acknowledge and agree to accept such risks and responsibilities for the losses and/or damages following an injury or other loss. I will hold harmless and waive any and all claims or causes of action against St. Mary's Food Bank Alliance, including but not limited to, claims arising out of negligent or intentional conduct of Food Bank employees, representatives or agents. I will use my personal insurance, or that provided by my organization, as the primary provider in the event of accident or injury related to my work as a Food Bank volunteer. I will follow all rules and procedures given to me by Food Bank employees or agents.

I attest that I/the minor child(ren) or vulnerable adult(s) under my supervision are physically fit and prepared to perform the tasks assigned as a Food Bank volunteer. If at any time I/the minor child(ren) or vulnerable adult(s) under my supervision feel unable to perform the work assigned, I/we will immediately cease working and report to the Food Bank staff member and/or designated lead on-site.

I also grant the Food Bank full permission to use photographs and quotations by me or by our organization for promotional purposes. **Please circle one: YES NO**

Signature of Volunteer

Date

IF VOLUNTEER IS UNDER 18 YEARS OF AGE:

I hereby give my child/legal dependent permission to volunteer on behalf of St. Mary's Food Bank Alliance and agree to uphold their above-signed waiver.

Signature of Parent/Legal Guardian

Date