



VOLUNTEER RELEASE

In consideration of my participation (or that of the below named minor child for whom I am the parent or legal guardian) as a volunteer with the Lancaster County Food Hub ("LCFH") and intending to be legally bound, I hereby agree as follows on behalf of myself and such minor child:

I acknowledge that participation in volunteer activities with LCFH may involve physical activity and other risks, including the risk of personal injury, illness, death, or property damage. I knowingly and voluntarily assume all such risks, whether known or unknown, foreseeable or unforeseeable, arising out of or related to participation in any LCFH volunteer activities. To the fullest extent possible, I hereby release and forever discharge each of LCFH, Lancaster County, all sponsors and donors of the LCFH and all of their respective officers, employees and agents (collectively the Released Parties) from any and all claims, demands, causes of action, damages, losses, costs, expenses, and liabilities of any kind or nature whatsoever, whether known or unknown, suspected or unsuspected (collectively, "Claims"), arising out of or in any way related to my or my minor child's participation in LCFH volunteer activities, except to the extent such Claims are caused by the gross negligence or willful misconduct of the Released Parties. This document is intended to be a complete and general release.

I hereby grant LCFH permission to use any photographs, motion pictures, recordings or any other record of this volunteering event in which the volunteer appears for advertising or promotional purposes without any compensation to the volunteer. This Registration and Release shall inure to the benefit of and bind the undersigned and each of his/her heirs, administrators and personal representatives. This document shall be governed and interpreted in accord with the laws of the Commonwealth of Pennsylvania. No provision of this document can be modified or superseded except by a written instrument specifically referencing this document and the intent to modify or supersede a provision and signed by the undersigned and LCFH.

Volunteer Name: _____ Organization: _____

Volunteer Signature: _____ Date: _____

Email: _____ (Yes! Subscribe to LCFH monthly updates) _____

If Volunteer is under the age of eighteen:

Signature of Legal Guardian: _____

Relationship to Volunteer: _____ Date: _____