

### Minor Child Waiver and Release of Liability

By signing this form, I certify that I am the legal parent or guardian of the minor child listed below. I give my consent for him or her to volunteer at Tri-State Food Bank. I, the undersigned hereby acknowledge the receipt of permission for my child to volunteer for the Tri-State Food Bank. I also I acknowledge my understanding that my child's services as a volunteer on or about Tri-State Food Bank, properties located at 2504 Lynch Road, Evansville Indiana or on one of its delivery or pick-up locations may expose him or her to various risks of injury or illness. In consideration of the permission and privilege allowed my child hereunder to serve as a volunteer. I do hereby specifically agree and understand that I assume risks, and agree not to hold the Tri-State Food Bank, Inc., its agents, employees, or volunteers liable for any such injury or illness.

I give my consent for my child to be photographed while volunteering with Tri-State Food Bank, and hereby give my permission for any photos to be used for informational and/or promotional purposes by Tri-State Food Bank. I release Tri-State Food Bank, its participating agencies and any consultants from any liability in connection with the use of such materials.

I understand that this Waiver and Release of Liability extend to and apply to any, personal injuries, injurious results, damages or losses which I may experience or sustain while engaged in training for volunteer services or while engaged in serving as a volunteer for the Tri-State Food Bank.

\_\_\_\_\_  
Minor's Name (printed)

\_\_\_\_\_  
Parent or Guardian's Name (printed)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Witness's Name (printed)

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date of Signature

**Never**  
\_\_\_\_\_  
Date of Expiration