



YOUTH VOLUNTEER LIABILITY FORM

GROUP NAME: _____

I _____, do hereby agree to indemnify and hold harmless the Capital Area Food Bank, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my child's assigned duties as a volunteer. By signing this document, I agree that my child is participating in activities that have a potential risk of injury and waive the Capital Area Food Bank of any liability.

I understand that my child's name, photograph, or video image may be used for any reason by the Capital Area Food Bank and their sponsors. This is a complete release, discharge and waiver of any and all actions or causes of action against the entities and persons set forth above and the offices, agents, employees, and volunteers of those entities.

Child's Name (s) : _____

Child's Date of Birth: _____

Parent/Guardian Name : _____

Parent/Guardian Relationship: _____

Parent/Guardian Signature : _____

Date : _____