

Important: All **VOLUNTEERS** must have a signed Release & Waiver of Liability on file. Please complete this form and bring it with you before you begin work.

Volunteer Release & Waiver of Liability

This Release & Waiver of Liability (the "Release") is executed on this ____ day of _____, 2011, by _____ (the "Volunteer") in favor of **WAKEFIELD INTERFAITH FOOD PANTRY, INC.**, a nonprofit corporation organized and existing under the laws of the State of Massachusetts, its directors, officers, employees, and agents (collectively, "WIFP").

I, the Volunteer, desire to work as a volunteer for WIFP and engage in the activities related to being a volunteer. I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. WAIVER & RELEASE. I, the Volunteer, release and forever discharge and hold harmless WIFP and its successors and assign from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with WIFP. I understand and acknowledge that this Release discharges WIFP from any liability or claim that I, the Volunteer, may have against WIFP with respect to bodily injury, personal injury, illness, death, or property damage that may result from my work with WIFP. I also understand that WIFP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, worker's compensation, or disability insurance, in the event of injury, illness, death or property damage.

2. INSURANCE. WIFP does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, worker's compensation, or disability insurance coverage for the Volunteer. WIFP may have commercial general liability insurance which may or may not apply to specific circumstances. **EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH MEDICAL OR HEALTH INSURANCE COVERAGE IN EFFECT.**

3. MEDICAL TREATMENT. I hereby release and forever discharge WIFP from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during my time with WIFP.

4. ASSUMPTION OF RISK. I understand that my work with WIFP may include activities that may be hazardous to me, including, but not limited to, loading and unloading of food and transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release WIFP from all liability for injury, illness, death, or property damage resulting from the activities of my work with WIFP.

5. INDEMNITY. I, the Volunteer agree if any claim for my personal injury or wrongful death is commenced against WIFP, I shall defend, indemnify and save harmless WIFP from any and all claims or causes of action by whomever or wherever made or presented for my personal injuries, property damage or wrongful death.

6. PHOTOGRAPHIC RELEASE. I grant and convey unto WIFP all right, title, and interest in any and all photographic images and video or audio recordings made by WIFP during my work for WIFP, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

7. OTHER. I understand that it is my desire to further the work of WIFP by performing services as a Volunteer. I undertake to perform said services without compensation and that, in performing said services, I acknowledge that I am not acting as an employee.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature of Volunteer

Date

Printed Name of Volunteer