



VOLUNTEER WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20____, by _____ ("Volunteer Name") in favor of Food Bank of Lincoln, Inc. a non-profit corporation, and its directors, officers, employees, and agents.

Volunteer desires to work as a volunteer for the Food Bank and engage in the activities related to being a volunteer, including but not limited to collecting, sorting, lifting, packaging, and moving food and food supplies (the "Activities"). In consideration of allowing Volunteer to work at the Food Bank, Volunteer hereby freely, voluntarily, and without duress executes the Release pursuant to the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless the Food Bank and its successors and assigns 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 Volunteer's Activities with the Food Bank.

Volunteer understands that this Release discharges the Food Bank from any liability or claim that Volunteer may have against the Food Bank with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with the Food Bank, whether caused by the negligence of the Food Bank or its officers, directors, employees, or agents or otherwise. Volunteer hereby expressly and specifically assumes the risk of injury or harm and releases the Food Bank from all liability for injury, illness, death, or property damage.

Medical Treatment: Volunteer does hereby release and forever discharge the Food Bank from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or medical service rendered to Volunteer in the event that Volunteer is injured while working at the Food Bank.

Insurance: Volunteer understands and acknowledges that the Food Bank does not carry or maintain health, medical, or disability insurance for any Volunteer and that Volunteer is not covered by the Food Bank's worker's compensation insurance policy.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska, and in case of ambiguity, this Release shall be interpreted in such a manner so as to achieve this intent. Volunteer agrees 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.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Print Please): _____

Volunteer Signature: _____

Group/Organization: (if applicable) _____

In case of emergency, please contact:

Name _____

Relation _____

Address _____

Telephone _____

******If the volunteer is younger than 19, a parent or legal guardian must sign.******

Parent Signature: _____