

# MINOR LIABILITY WAIVER

## FOR VOLUNTEERS AGED 17 AND YOUNGER



By signing my name below, I, on behalf of myself, my personal representatives, assigns, heirs, and next of kin, do hereby agree to indemnify and hold harmless the Houston Food Bank, its employees, volunteers or agents (the "Released Parties") from any and all claims or causes of action that may arise out of the performance of my assigned duties as a volunteer. I waive any right of action I have against the Released Parties in consideration of my participation as a volunteer for the Houston Food Bank.

**IT IS MY EXPRESS INTENTION, AND THE EXPRESS INTENTION OF THE RELEASED PARTIES, THAT THE RELEASE PROVIDED FOR IN THIS AGREEMENT RELEASE THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE THE CONTRIBUTING CAUSE OF THE CLAIM.**

The Houston Food Bank also has permission to use the referenced adult's voice, name, likeness, photograph, or videotaped image in publicity about the Houston Food Bank and its activities.

I acknowledge that this waiver and release is being signed by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I have read the above waiver and release of liability and fully understand its contents.

**\*\* Notes \*\***

**ALL minors MUST have a completed waiver on file to volunteer.  
Minor aged 16 and 17 may volunteer without parent or representative.  
Minor aged 15 or younger MUST be accompanied by parent or representative.**

**\*\* PLEASE PRINT CLEARLY \*\***

Group Name (if applicable)		Volunteer Shift Day, Date and Start Time	
Minor's Full Name			Age of Minor
Street Address		City / State / Zip Code	
Parent / Guardian Phone	Parent / Guardian eMail Address		
Phone	Email Address		
Print Parent / Guardian Name		Please Check If You Agree: <input type="checkbox"/> Sure, you can include me on Houston Food Bank Mailings <input type="checkbox"/> Sure, you can text me if my volunteer shift is changed	
Parent / Guardian Signature		Date Signed	

**Note: Your personal information WILL NOT be used for solicitations.**