



Participant Information	
Full Name:	
Phone Number:	
Email Address:	
Emergency Contact Information	
Full Name:	
Phone Number:	
Relationship:	

FOOD SORT WAIVER AND RELEASE

I, _____, acknowledge and agree to accept all such risks whether of personal injury, economic loss, or property damage and to waive any claims that I, or those claiming through me, may have against Second Harvest, any of its employees, agents, officers or directors, and to indemnify and save harmless any of them from and against any such claims.

I recognize and acknowledge that there may be further risks resulting from warehouse activities and the handling of donated goods and their containers. This may include, but is not limited to, exposure to food and/or food ingredients that have been known to cause allergic reactions in some people with known sensitivities, such as nuts, shellfish, etc. Volunteers with known sensitivities to food and/or food ingredients must inform the Second Harvest Volunteer Coordinator of any and all such sensitivities or allergies prior to being scheduled to participate in Second Harvest activities. It is the volunteer's responsibility to take the necessary precautions in the event that he/she may come in contact with a known food allergen (e.g., carry an epinephrine auto-injector and be prepared to use it, if necessary). Second Harvest is not responsible should an allergic reaction take place while said volunteer is participating in Second Harvest activities.

I acknowledge and agree that permission to participate shall be good and sufficient consideration for this waiver and release.

I grant full permission for Second Harvest to use photographs of me in legitimate accounts and promotions of Second Harvest activities.

Volunteer Signature

Date (MM/DD/YYYY)

Parent/Guardian Signature (if under 18 years of age)

Date (MM/DD/YYYY)