



**Beyond Blessed Pantry Corporation
Release and Waiver of Liability
For Individual Volunteers**

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This is a Release and Waiver of Liability by the undersigned in favor of the Beyond Blessed Pantry Corporation, a Wisconsin nonprofit corporation ("BBP"), and its directors, officers, employees, volunteers and agents.

I, the volunteer, desire to work as a volunteer for BBP and engage in activities as coordinated by BBP related to being a volunteer. I understand that the scope of my relationship with BBP is limited to a volunteer position and that no compensation is expected in return for my services; that BBP will not provide any benefits traditionally associated with my work; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to BBP.

I freely and voluntarily execute this Release under the following terms.

RELEASE AND WAIVER. I hereby release and forever discharge BBP and successors and assigns and each of its directors, officers, employees, volunteers and agents and their respective affiliates (collectively, the "Released Parties") from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with BBP. I understand that this Release discharges the Released Parties from any liability or claim that I may have against Released Parties with respect to bodily injury, personal injury, illness, or death or property damages that may result from my activities with BBP. I also understand that BBP does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

MEDICAL TREATMENT. I authorized BBP to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon BBP to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment, or medical service, including the lack or timing of such, made in connection with my volunteer activities with BBP.

INDEMNIFICATION. I will defend, indemnify, and hold the Released Parties harmless from and against any and all liabilities, losses, damages, claims, expenses and attorney's fees and expenses ("Losses") that may be suffered by any Released Party resulting directly or indirectly from my volunteer activities for BBP, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

ASSUMPTION OF RISK. I understand that my volunteer activities may include work that is hazardous, including, but not limited to heavy lifting and carrying, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

INSURANCE. I understand that BBP does not carry or provide health, medical, disability or auto insurance coverage for any volunteer and does not assume any responsibility for or obligation to provide me with financial or other assistance in the event of my injury, illness, death or damage to my property. I expressly waive any claim for compensation or liability on the part of BBP beyond what may be offered freely by BBP in the event of such injury or medical expenses incurred by me. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

PHOTOGRAPHIC RELEASE. I hereby grant unto BBP all rights to any and all photographic, images, video or audio recordings made during my services with BBP for internal use or reasons of publicity. BBP may make these materials available at its discretion to third parties, including photos or streamed or other videos, on BBP website and internal displays, in BBP's publications, or through any other media, including social networking websites. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

TERM. I understand that this Release and Waiver shall remain in effect for as long as I am working as a volunteer for BBP unless and until I explicitly revoke this this Release and Waiver in writing.

CONFIDENTIALITY. As a volunteer, I may have access to sensitive or confidential information. This information includes, but is not limited to, identity, address, contact information, and other confidential information of BBP clients, volunteers, donors, and staff. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my BBP volunteer activities or as expressly authorized in writing by BBP's Board of Directors or Executive Officers.

OTHER. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

(Neatly)Print Name of Volunteer: _____

Volunteer Signature: _____

Date: _____

Emergency Contact Information

Contact Person _____

Relationship to Volunteer: _____ Contact phone#: _____

Parental Consent (required if the participant is less than 18 years of age). As the parent or legal guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement on behalf of the minor in connection with the minor's participation in the Activities. If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim against any of the Released Party, I will indemnify, defend and hold harmless each of the Released Party from any such Losses which any may be incurred as the result of such claim.

Parent or Guardian Signature: _____

Date: _____

Anyone under the age of 16 years must be accompanied by an approved adult.