## St. Louis Area Foodbank Adult Volunteer Waiver

I understand that I am volunteering my services to the St. Louis Area Foodbank I hereby release, indemnify and hold harmless the St. Louis Area Foodbank, its officers, directors, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors of its activities, from any and all claims, causes of action and liability arising from or in any way connected with my volunteer participation with the St. Louis Area Foodbank. I understand I am expressly assuming all risk, including but not limited to all risk of injury, associated with my volunteer participation at the St. Louis Area Foodbank. and/or any activity conducted offsite on behalf of the St. Louis Area Foodbank.

I understand that while volunteering for the St. Louis Area Foodbank, photographs and/or videos may be taken of the volunteers. I hereby grant permission and consent for the St. Louis Area Foodbank and its authorized representatives to record, via photography or video, images of my participation. I further agree that any or all material photographed and/or video-recorded may be used, in any form, as part of any future printed or digital publications, brochures, other material, or social media postings used by the St. Louis Area Foodbank, and that such use shall be without payment of fees, royalties, or any other compensation.

All information obtained, including name, mailing address, email address, and telephone numbers, etc., shall be kept strictly confidential by the St. Louis Area Foodbank.

By signing, I express my understanding and intent to enter into this Volunteer Waiver Release Agreement willingly and voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I certify that I have reached the age of majority, and that I have read the above waiver and release of liability and fully understand its contents.

EXPIRATION- Users must sign this waiver annually.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____