



YOUTH VOLUNTEER LIABILITY FORM

SCHOOL NAME: _____

I _____, do hereby agree to indemnify and hold harmless the Capital Area Food Bank, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my child's assigned duties as a volunteer. By signing this document, I agree that my child is participating in activities that have a potential risk of injury and waive the Capital Area Food Bank of any liability.

Child's Name(s): _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Relationship: _____

Parent/Guardian Signature: _____

Date: _____

PHOTO, VIDEO AND PERSONAL STATEMENT RELEASE FORM

I, _____, hereby grant the Capital Area Food Bank ("CAFB") the exclusive and unlimited right to use, reuse, publicly display, publish and/or re-publish, in any manner or medium, now or later developed, my name, likeness and any and all video, photographic or other images of me taken by or on behalf of the CAFB for the purpose of illustrating, advertising and promoting the CAFB. In addition, I grant the CAFB the same exclusive and unlimited right to use, reuse, publicly display, publish and/or re-publish in any manner or medium, now or later developed, any and all written or spoken statements by me for the purpose of advertising and promoting the CAFB. I understand I will not be compensated in any way for any these uses or have any right to examine or approve these uses. I agree to release the CAFB from all claims and liability relating to the use of my name, likeness, photograph, image or statement. The CAFB has the right to change, modify or alter this material in any way without my prior permission and I hereby waive any and all rights with respect to such changes, modifications or alterations.

Signed: _____

Parent or Guardian (if under the age of 18 years): _____

Date: _____

Signed (Capital Area Food Bank Representative): _____

Date: _____