



# Safety Waiver and Liability Release

Safety is our first priority for your volunteer experience. Thank you for reading this waiver in its entirety and signing before volunteering.

In consideration of participating in activities as a volunteer at Northern Illinois Food Bank centers or in Food Bank activities conducted off-site, I understand that I am expressly assuming all risk, including but not limited to, injury associated with my volunteer participation at Northern Illinois Food Bank. I hereby agree to release and discharge from liability arising from negligence Northern Illinois Food Bank.

I hereby voluntarily release, and agree to indemnify and hold harmless Northern Illinois Food Bank and any and all leaders supervising such activity, from any and all claims, demands, or causes of action which are in any way connected with my participation in this volunteer activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.

As a volunteer of the Food Bank, I also agree to the following:

1. I acknowledge that participating in **indoor and/or outdoor volunteer activities involves** known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I **expressly accept and assume all of the risks inherent in this purely volunteer activity or that might be caused by my participation in this activity.** I elect to volunteer despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume all risks that may be created, directly or indirectly, by any such condition.

All volunteers must adhere to safety protocols as expressed in the volunteer orientation and/or safety trainings in order to volunteer with Northern Illinois Food Bank. Any person who does not comply with established protocols as directed by Food Bank staff and Volunteer Supervisors will be asked to leave the volunteer shift.

I hereby acknowledge that I have been given reasonable opportunity to read this safety waiver and liability release of claims and that I have read and fully understand its contents.

|                                                        |                           |
|--------------------------------------------------------|---------------------------|
| Volunteer Signature                                    | Date                      |
| Volunteer First & Last Name (print)                    | Email                     |
| Mobile Phone                                           | Home Phone                |
| Address                                                | City, State Zip           |
| Date of Birth                                          | Team Name (if applicable) |
| Emergency Contact (First and Last Name) & Relationship | Emergency Contact Phone   |
| <b>IF VOLUNTEER IS UNDER AGE 18:</b>                   |                           |
| Parent/Legal Guardian Signature                        | Date                      |
| Parent/Legal Guardian (print)                          |                           |





# Media Release

Please review and complete before volunteering.

## MUST READ & SIGN RELEASE BEFORE VOLUNTEERING

I understand that I may be photographed or filmed (collectively "Media Materials") while volunteering for Northern Illinois Food Bank at any of its Center locations (in Geneva, Joliet, Lake Forest, and Rockford) or outdoor grocery distributions. I give Northern Illinois Food Bank permission to use Media Materials in which I am visibly recognizable in Annual Reports, newspaper articles, newsletters (online and printed), websites and in other promotional materials. I release Northern Illinois Food Bank from any claim and all claims and demands arising out of or in conjunction with the use of Media Materials consistent with this release.

I hereby acknowledge that I have been given reasonable opportunity to read this media release, and that I have read and fully understand its contents.

|                                       |                                                   |
|---------------------------------------|---------------------------------------------------|
| Date                                  | IF VOLUNTEER IS UNDER AGE 18:                     |
| Volunteer Signature                   | Parent/Legal Guardian Signature                   |
| Volunteer First and Last Name (print) | Parent/Legal Guardian First and Last Name (print) |

## Additional Questions

Please complete these questions to help us better serve our neighbors and volunteers!

### *Race and ethnicity – How do you self-identify?*

- |                                                                     |                                                                                       |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asian American/Pacific Islander/Asian      | <input type="checkbox"/> Middle East/North African                                    |
| <input type="checkbox"/> Black/African American/African             | <input type="checkbox"/> White/Caucasian/European                                     |
| <input type="checkbox"/> Hispanic/Latino/Latina/Latinx              | <input type="checkbox"/> Multi-racial/Multi-ethnic (two or more races or ethnicities) |
| <input type="checkbox"/> Native American/American Indian/Indigenous |                                                                                       |
| <input type="checkbox"/> Prefer not to say                          |                                                                                       |
| <input type="checkbox"/> Different identity (please specify): _____ |                                                                                       |

*If you speak languages other than English and are willing to volunteer using that skill, please list what language(s) you speak.*

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