



## Release and Waiver of Liability:

1. I hereby release and forever discharge and hold harmless Covenant Cupboard Food Pantry (CCFP) and Covenant Presbyterian DTC, including its directors, officers, successors and assigns from any and all liability, claims and demands of whatever kind or nature, including injuries and damages that result in personal injury, death or property damage, sustained by me that are caused by or in any way related to my volunteer services rendered to or on behalf of Covenant Cupboard Food Pantry.
2. I am participating voluntarily and I understand that I am responsible for my own insurance and CCFP does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, disability, automobile or other benefits or insurance. I expressly waive any such claim for compensation or liability on the part of CCFP or Covenant Presbyterian DTC.
3. I hereby give permission for the use of any and all photographs, images, video or audio recordings of me made by CCFP in connection with my providing volunteer services to CCFP.
4. I understand and agree that the Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Colorado. If any part of this Agreement is determined to be unenforceable, all other parts shall remain in full force and effect.
5. I attest that the information I provide is true and accurate. I also certify that I have read and agree to abide by the above Release and Waiver of Liability.

\_\_\_\_\_  
*Print Volunteer's Last Name*

\_\_\_\_\_  
*Print Volunteer's First Name*

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Volunteer's phone number*

\_\_\_\_\_  
*Volunteer's email address*

\_\_\_\_\_  
*Date*

## Parent or legal guardian signature for a minor under 18 years of age:

I am the parent or legal guardian of the minor volunteer. I have read this document carefully and fully understand its content. I am signing on behalf of the minor volunteer.

\_\_\_\_\_  
*Parent or legal guardian Signature*

\_\_\_\_\_  
*Emergency contact phone number*

\_\_\_\_\_  
*Parent or legal guardian email address*

\_\_\_\_\_  
*Date*