



## VOLUNTEER REGISTRATION and RELEASE OF LIABILITY

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Communication: ☐ Phone, ☐ Email, ☐ Text, ☐ USPS, ☐ Other \_\_\_\_\_

Name of the Group you are volunteering with: \_\_\_\_\_  
(i.e., Company, School, Church, Club, etc.)

Have you volunteered with Feed the Children before ☐ Yes ☐ No

In case of emergency, contact:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

### VOLUNTEER'S RELEASE OF LIABILITY

In consideration for being permitted to participate as a volunteer for FEED THE CHILDREN, INC (hereafter "FEED"). I, my estate, and my heirs, do hereby forever release, discharge and agree to indemnify, and hold harmless, FEED and its officers, directors, employees, agents, contractors, subcontractors and affiliates from and against any and all liability, claims or demands for personal injury, sickness or death, as well as any property damage and any attorney fees and costs, and any other liabilities of any kind whatsoever, which may arise from any of my activities as a volunteer.

I further understand that I am not an employee, agent, subcontractor or independent contractor of FEED. I further understand that FEED will not provide me with any pay, compensation, insurance, worker's compensation or any other benefits to which an employee may be entitled.

I grant to FEED all rights, title and interest in any all photographic images, video and audio recordings, and any stories therefrom, made by FEED or for FEED, during or relating to my volunteer work for FEED. This includes, but is not limited to, any royalties, proceeds or other benefits derived from any images and/or recordings. I also grant the right to FEED to use my name in association with the volunteer work.

**I have read and understand this Release before signing it.**

I agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Date Month Year

\_\_\_\_\_  
Volunteer/ Parent or Legal Guardian's Printed Name

\_\_\_\_\_  
Volunteer/ Parent or Legal Guardian's Signature (if minor, parent or legal guardian signature required)