



# **ROLLING HARVEST FOOD RESCUE**

*Connecting local farmers with neighbors in need*

## **Rolling Harvest Food Rescue Volunteer Waiver and Form - Adult Volunteers**

### **ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT**

I hereby request to be permitted to participate in the Gleaning / Harvesting / Volunteer Activity referenced. I am aware that my participation in Rolling Harvest Food Rescue (RHFR) involves farm work, which includes, among other things, exposure to the elements, farm tools, agricultural chemicals and heavy lifting. I represent that I am in good physical condition and am able to participate in the Gleaning / Harvesting / Volunteer Activity. I understand that such participation presents a potential risk of injury, and I agree to assume any and all risk for injuries to myself arising out of, or related to participation with RHFR and understand that the Released Parties (as such term is defined below) shall NOT be responsible or liable for any injury, damage, loss of expense to me and/or my property incurred as a result of my participation.

As a condition of my participation, on behalf of myself, and my successors and assigns, I hereby agree to forever release, discharge, acquit, hold harmless and indemnify, RHFR, their affiliates and their respective members, partners, principals, shareholders, directors, officers, agents, employees, volunteers, and representatives (including, without limitation, any farmer or landowner, landlord, land manager or tenant who grants access to farmer's property for purposes related to RHFR) and their respective successors and assigns ("Released Parties"), from any and all charges, complaints, claims, demands, obligations, damages, actions, causes of action, suits, rights, costs, losses, debts, expenses (including attorney's fees and costs), liabilities, and indebtedness of every type, kind, nature, description or character, whether known or unknown, suspected or unsuspected, liquidated or unliquidated arising from, under, or related to, any act or omission of any of the Released Parties or myself, or otherwise in any way related to, or arising from, my participation ("Released Matters").

I acknowledge that I have received, read, and understood the Volunteer Guidelines governing RHFR and agree that I will fully comply with these Guidelines. I agree that this Release shall be construed in accordance with the laws of the States of New Jersey and Pennsylvania, and that if any portion is deemed to be invalid, the remainder of the Agreement will remain valid and enforceable.

I acknowledge and agree that the releases made herein constitute final and complete releases of the Released Parties with respect to all Released Matters, and that by signing this Agreement, I am forever giving up the right to sue or attempt to recover money, damages, or any other relief from the Released Parties for all claims I may have with respect to the Released Matters (even if any such claim is unforeseen as of the date hereof).

# Rolling Harvest Volunteer Waiver (Adults)

\* Indicates required question

I have read the entire **Assumption of Risk, Release of Liability, and Indemnity Agreement for \* Adult volunteers (see reverse)** and Agree to the terms.

Yes

Photo Release \* I grant permission for my picture to be taken and/or voice recorded and grant permission to use my photos and voice without restriction for the purposes of this project with or without my name, be it in print, projection, internet web site, video, or social media for the use of publicity and advertising of Rolling Harvest Food Rescue.

Yes  No

First & Last Name \* \_\_\_\_\_

Address \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \* \_\_\_\_\_

Phone (Mobile preferable) \* \_\_\_\_\_

Email \* \_\_\_\_\_

Vehicle Type \_\_\_\_\_

My Interests/Skills \* *Check all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Gleaning/Harvesting                              | <input type="checkbox"/> Fundraising and Events   |
| <input type="checkbox"/> Distribution - Driver for Pickups and Deliveries | <input type="checkbox"/> Administrative work      |
| <input type="checkbox"/> Nutrition Outreach/Free Farm Markets             | <input type="checkbox"/> IT - Website Maintenance |
| <input type="checkbox"/> Marketing and Advocacy/Communication             | <input type="checkbox"/> Other: _____             |

Emergency Contact Name \* \_\_\_\_\_

Emergency Contact Phone \* \_\_\_\_\_

Signature\* \* \_\_\_\_\_

By submitting this form, you agree to the terms stated in the **Assumption of Risk, Release of Liability, and Indemnity Agreement (on the reverse of this form)**