

Dear Parent or Guardian:

Thank you for encouraging your child to volunteer at Maryland Food Bank (MFB). Volunteers are crucial to our mission to eliminate hunger and its root causes. MFB requires receipt of this release, signed by a parent or guardian, before a minor may serve as a volunteer. **Volunteers under 16 years must also be accompanied by a responsible adult.** Please read and sign the following to give your child permission to volunteer at MFB. Feel free to call 443-297-5332 if you have any questions.

I acknowledge that I have reviewed the following:

- 1) My child may be working in an environment where forklifts, pallet jacks, and trucks are in use and where heavy boxes of food are stacked on pallets.
- 2) My child may be working in an environment that may be hot, cold or dusty.
- 3) My child's work will be supervised by an adult. I believe that my child is mature enough to behave appropriately while he or she volunteers.
- 4) I understand that Maryland Food Bank occasionally photographs or videotapes activities held at its buildings and at special events in the community, for use solely in connection with official Maryland Food Bank publications, its web site, or in social media. By allowing my child to volunteer at Maryland Food Bank, I give my consent for MFB to record and use my child's image to raise awareness about MFB and its mission.

I release Maryland Food Bank, its sponsors, employees, board members, volunteers and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to my child's volunteer activities, unless the claim is based upon the conduct of a Maryland Food Bank employee in the course and scope of his or her employment. I further agree to indemnify and hold Maryland Food Bank harmless from any and all claims arising from my conduct or the conduct of my child while he or she is volunteering for Maryland Food Bank.

Name of Youth (**PRINT LEGIBLY**) FIRST: _____ LAST: _____

Youth's Date of Birth _____, _____, _____
(month) (day) (year of birth)

Name of Parent/Guardian (print) _____

Signature of Parent/Guardian _____ Today's Date _____