

FOOD WELL ALLIANCE YOUTH LIABILITY WAIVER FORM

I, _____ am the parent or legal guardian having custody of _____, a minor child. As parent or legal guardian, I authorize and give permission for my child, _____, to serve as a youth volunteer and to participate in Food Well Alliance activities and events under the supervision of a Food Well Alliance staff member. I, the parent/guardian of the above-named minor, for myself and on behalf of my child:

1. Acknowledge that my child's participation in volunteer activities and events may involve risk of injury, including economic losses, which may result from my child's own actions, inactions, or negligence; from the actions, inactions, or negligence of others; from the conditions of the facility; or from the equipment or areas where the event is being conducted. 2. Release, waive, discharge, and relinquish Food Well Alliance, its officers, employees, successors, assigns, legal representatives, agents, or the organizers, sponsors and supervisors of Food Well Alliance events, from any and all liability, claims, causes of action, loss, damage, demands, in law or in equity, of whatever kind or nature, arising out of or related to my child's volunteer participation with the Food Well Alliance. 3. Assume all risks of bodily injury to my child and give permission for my child to be taken to a hospital and/ or treated by licensed medical staff for medical emergencies of illness and/or injuries. 4. Agree that photographs, videos, audio recordings, slides, or movies of my child may be taken while they are volunteering for Food Well Alliance. I consent to the use of photographs, videos, audio recordings, slides, or movies for any legal purpose. I hereby grant and convey unto Food Well Alliance all right, title, and interest in any and all photographic images and video or audio recordings made during my child's volunteer activities on behalf of Food Well Alliance, including but not limited to, any royalties, proceeds, or other benefits derived from the use of such photographs or recordings. 5. Understand and agree that my child's participation offers no remuneration, nor will I accept any remuneration, directly or indirectly, for any services authorized by Food Well Alliance, and performed by my child on behalf of Food Well Alliance. 6. Understand and agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this waiver shall be governed and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause shall be deemed invalid by any court of competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions of this waiver, which shall continue to be enforceable. I acknowledge that I have read this document; I understand that it has significant legal consequences, and I sign it voluntarily.

Name (Print): _____

Signature: _____

Date: _____