

The Urban Farm Volunteer Release Form

Voluntary Participation

I acknowledge that I have voluntarily agreed to assist God's Storehouse with their mission to provide food to those in need. I understand that as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by God's Storehouse, and that I will not be eligible for any Workers Compensation benefits.

Liability Release

In consideration of the opportunity afforded me to assist God's Storehouse, I agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against God's Storehouse, or any organization or individual that is associated with God's Storehouse for any physical or emotional injury or damage to my property, regardless of the cause, from my participation in its mission. I waive and release any rights, actions, or causes of action resulting from my physical or emotional injury, or damage to my property, sustained in connection with my participation at God's Storehouse.

Media Release

I consent to the unrestricted use by God's Storehouse and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me taken in conjunction with my service to God's Storehouse.

Volunteer Acknowledgement

I understand that activities at the Urban Farm carry certain inherent risks, including but not limited to:

- A. Performing physical labor, handling food products, working with various tools and equipment, planting and harvesting crops, weeding or preparing the fields, and any other tasks and activities incidental or related to the work of the Urban Farm
- B. Serious injury
- C. Exposure to outdoor elements such as sun, heat, cold, wind, precipitation, etc.

Please Complete the Following Information		
Allergies or relevant medical information:		
Emergency Contact Name:	Relationship:	Phone:
□ I HAVE NEVER BEEN CONVICTED OF AN ACT OF VIOLENCE, HARASSMENT, SEXUAL MISCONDUCT OR IDENTITY THEFT. I understand that if I have been convicted of one of these offenses I may not be permitted to volunteer.		
I have had the opportunity to read and understand the release form and acknowledge that by signing below, I am waiving certain legal rights in the event of injury. I accept and agree to the terms contained herein.		
Volunteer Signature	Print Name	Date
Parent/Guardian Signature (if under 18)	Print Name	Date
Your Email Address:	Yes, please send me email newsletters	