

VOLUNTEER RELEASE

Name:	Date:
In case of emergency notify:	
Phone:	Relationship:
hereby agree to hold harmless FBGC arising out of my caus	at the Food Bank location at 801 South Laurent, Victoria, TX. I s and waive any and all claims or causes of action against the e whatsoever, including but not limited to claims arising out of conduct of the FBGC's employees or agent.
FBGC volunteer subject to al I further agree to use my pers or injury related to my work a	t and prepared to perform the tasks assigned to me as an l personal limitations / restrictions described on my application. conal insurance as the primary provider in the event of an accident as an FBGC volunteer. I also grant the FBGC full permission to s from me for promotional purposes.
Signature:	Date:
Print nama:	

MUST WEAR CLOSED-TOED SHOES. NO SANDALS OR FLIP-FLOPS.