

**WHITEHALL-COPLAY HUNGER INITIATIVE
VOLUNTEER GENERAL RELEASE OF LIABILITY**

In consideration for being allowed to participate as a volunteer with Whitehall-Coplay Hunger Initiative, the undersigned Volunteer or Parent/Legal Guardian of the Volunteer if Volunteer is under 18 (hereinafter referred to using "I", "me", or "my"), intending to be legally bound, agrees as follows:

1. **Release.** I, for myself and my heirs, successors, and assigns, and all persons claiming through any of them ("Releasing Parties") do hereby release and agree not to sue Whitehall-Coplay Hunger Initiative, or its members, officers, directors, employees, and agents ("WCHI"), from any action, causes of action, suits, claims, liabilities, losses, costs and expenses (including reasonable attorneys' fees and court costs), at law or in equity, which any of the Releasing Parties may have against WCHI for any loss, damage, or injury to property or person, including death, relating to or arising from my participation as a volunteer with WCHI, whether caused by my actions or wholly or partly by the negligence or other conduct of WCHI for which a release is not contrary to public policy.
2. **Assumption of Risk.** I voluntarily assume all risks of loss, damage, and all injuries (including personal injury, disability, and death) that may be sustained while participating as a volunteer with WCHI.
3. **Indemnification and Hold Harmless.** I agree to indemnify and hold harmless WCHI from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorneys' fees, brought as a result of my participation as a volunteer with WCHI.
4. **Medical Treatment.** If I am injured, I authorize WCHI to provide emergency first aid and any medical or first aid personnel to provide medical care until such time as I or someone authorized by my medical care power of attorney or otherwise by law is able to act on my behalf.
5. **Visual Image/Photo Authorization.** I authorize, without compensation, the use by WCHI of my image and/or voice recordings relating to my volunteer services with WCHI. This authorization includes permission to reproduce, publicize, broadcast, or display my visual images or voice recordings, with or without my name, and without any form of compensation for the use of my images, name or voice recordings, throughout the world, an unlimited number of times in perpetuity in any and all media, now known or hereafter invented.
6. **Severability.** I understand that this document is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and agree that if any portion of this document is held invalid, the remainder shall continue in full legal force and effect.

I have read this General Release of Liability and understand that by signing this form **I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing this form freely and voluntarily and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Volunteer Date

Required Information for Volunteer:

Name: _____ Birthdate (if minor): _____

Address: _____

Printed name of person signing for a minor: _____