

PERMISSION & RELEASE FORM

This Permission & Release Form is for the FeedingATL volunteer community service event occurring on Saturday, August 6, 2016. This Permission & Release is required by FeedingATL. It is in addition to any permission and/or release forms required by your school.

Anyone under eighteen years of age who would like to volunteer their time must have their parents complete and sign the Permission and Release below and return it to _____ by 8/6/16. All persons under 18 MUST have a signed form in order to participate as a volunteer.

Time: __am-__pm on August 6, 2016.

Location: _____. All volunteers must remain in the areas of this location designated for use by FeedingATL. Volunteers are NOT allowed to enter any facilities or areas at this location not associated with the FeedingATL volunteer program.

Tasks include: Packing boxes of food, validating in person pick-up of boxes, and lifting and loading boxes onto trucks.

Attire: Volunteers should wear comfortable shoes and clothing. Gloves are recommended.

Other Details: Volunteers may bring a lunch or snack. Neither FeedingATL nor any of its sponsors is responsible for providing transportation to or from the location. Transportation is the responsibility of parents and/or the student's teachers (if participating with your school). All students must remain with teachers at all times.

PERMISSION AND RELEASE:

I, as parent/legal guardian of my child, _____ (first and last name), hereby agree to all terms and conditions of this form and give my permission for my child to attend and participate in the FeedingATL volunteer event on August 6, 2016. I acknowledge that participants in the event may be asked to lift and move boxes of food and engage in other related physical activities. I hereby confirm that my child is sufficiently fit and healthy to engage in such activities.

Photographs and/or video recordings may be made at the event for documentation, promotion and/or marketing purposes. I hereby grant to FeedingATL and its sponsors, and their successors and assigns all right, permission and license to photograph, videotape and/or otherwise record my child's participation in the event and to display, reproduce, webcast and publish such photographs and recordings in any manner or media, including on the internet, for any and all purposes related to FeedingATL and/or FeedingATL's services.

I hereby give permission for FeedingATL to seek urgent or emergency medical services for my child if such care becomes necessary. I agree to incur all financial liabilities required for such care. I understand that FeedingATL will attempt to contact me before care is needed, but in the event that I am unavailable, care will be sought without my immediate consent.

I hereby waive any and all rights, claims, damages and legal actions of any kind related to the event that I or my child may have against FeedingATL, its sponsors and/or the officers, directors, employees and other individuals and organizations affiliated with FeedingATL and/or otherwise participating in the FeedingATL event. I further agree to indemnify, defend, release and hold harmless FeedingATL, its sponsors and the officers, directors, employees and other individuals and organizations affiliated with FeedingATL and/or otherwise participating in the FeedingATL event against any loss, claim, damage, causes of action or liabilities that may arise out of or related to my child's participation in and/or attendance at the FeedingATL event.

AGREED,

SIGNATURE: _____ Date: _____

PARENT/LEGAL GUARDIAN NAME: _____

BEST NUMBER(S) TO REACH YOU ON 8/6: _____