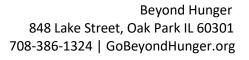
Volunteer Waiver

First Name:	Last Name:
Organization/Employer:	
Does your company have a matching	gift program for volunteerism? Yes / No
So that we can most accurately track partner or significant other who also	your family's total impact to Beyond Hunger, do you have a spouse, volunteers or donates? Yes / No
If so, what is their name?Address:	
City:	State: Zip:
	Phone #:
Release Agreement	
directors, employees, successors, ass	ny services to Beyond Hunger, I hereby release, indemnify and hold Beyond Hunger, its officers, igns, legal representatives, organizers, sponsors and supervisors of its activities, from any and y arising from or in any way connected with my volunteer participation with Beyond Hunger.
	all risk, including but not limited to all risk of injury, associated with my volunteer participation conducted offsite on behalf of Beyond Hunger.
grant permission and consent for Bey my participation. I further agree that	at Beyond Hunger, photographs may be taken of the volunteers while on the premises. I hereby ond Hunger and its authorized representatives to record, via photography or video, pictures of any or all of the material photographed may be used, in any form, as part of any future d material, or social media postings used by Beyond Hunger, and that such use shall be without er compensation.
COVID-19 ACKNOWLEDGEMENT:	
I acknowledge that I have read, unde	rstand and will abide by all COVID-19 policies for Beyond Hunger.
I further understand that I should con	sult the Volunteer Talent and Inclusion Manager regarding any questions raised by this policy.
undersigned chaperone, parent or gushe is executing these forms on behavolunteer, that he/she is fully author	the chaperone, parent or guardian signs these forms on behalf of a minor volunteer, then the ardian of the minor Volunteer hereby covenants, warrants, represents and agrees that he or lift of, and as an agent for, any other individual who may be a parent or guardian of the minor zed to do so, and that by executing such Volunteer Release form, the undersigned is binding by other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns and legal
All information obtained, including n	ame, address and telephone numbers, etc., shall be kept strictly confidential by Beyond Hunger.
By signing below, I express my under	standing and intent to enter into this Release Agreement willingly and voluntarily.
Signature:	Date:
☐ I would like to receive emails fro	m Beyond Hunger about advocacy and opportunities to fight hunger and feed hope in the



future.

