

VOLUNTEER REGISTRATION and RELEASE OF LIABILITY

First:	Last:		Birthdate://	
Street Address:			Apt#:	
City:	State:		Zip:	
Phone:	Email:			
Preferred Method of Comm	unication:	ail, □ Text, □ U	USPS, □ Other	
Name of the Group you are	volunteering with:(i.e	., Company, School,	Church, Club, etc.)	
Have you volunteered with	Feed the Children before	□ Yes	□ No	
In case of emergency, conta	ct:			
First:	Last:_			
Phone:	Relation	nship to Voluntee	er:	
against any and all liabilit damage and any attorney fe of my activities as a volunte. I further understand that I anderstand that FEED will other benefits to which an ell grant to FEED all rights,	y, claims or demands for p ees and costs, and any other lear. am not an employee, agent, not provide me with any pa mployee may be entitled. title and interest in any all	ersonal injury, s iabilities of any k subcontractor or ry, compensation photographic im	ors, subcontractors and affiliation ickness or death, as well as sind whatsoever, which may independent contractor of F, insurance, worker's competages, video and audio record	s any property arise from any EED. I further ensation or any dings, and any
but is not limited to, any r grant the right to FEED to u	oyalties, proceeds or other b	penefits derived ith the volunteer	y volunteer work for FEED. from any images and/or recowork.	ordings. I also
Lagreed to this da	v of		20	
Date	y of		Year	
Volunteer/ Parent or Legal	Guardian's Printed Name			
Volunteer/ Parent or Legal (Guardian's Signature (if n	ninor parent or le	egal guardian signature requir	red)