

# Parent/Guardian Permission Slip & Liability Waiver

Second Harvest Food Bank

**\*This form must be completed for all volunteers under the age of 18**

Youth's Name:

Youth's Birth Date:   Male  Female

Parent / Guardian's Name:

Home Address:

City:  State:  Zip:

(H) Phone:  (W) Phone:  (C) Phone:

E-mail Address:

Is your child part of a group? If so, please provide the group name:

I, , grant permission for my child,

to participate in a volunteer activity with Second Harvest Food Bank of Greater New Orleans and Acadiana. This activity will take place under the guidance and direction of employees from Second Harvest Food Bank and/or volunteers and/or the group leaders and chaperones. For organized youth and student groups an appropriate number of chaperones are required to ensure the safety of your child and productivity in our warehouse. These arrangements are made with the teacher or group coordinator. All volunteers will be required to follow volunteer safety guidelines at Second Harvest Food Bank. All volunteers, including youth, are responsible for their own transportation to and from Second Harvest Food Bank activities. **All volunteers are required to wear closed toe shoes in order to work in the warehouse.** As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("volunteer").

I agree on behalf of myself, my child named herein, my heirs, successors, and assigns, to hold harmless and defend Second Harvest Food Bank of Greater New Orleans and Acadiana and The Roman Catholic Church of the Archdiocese of New Orleans, and their respective members(s), officers, trustees, directors, employees, representatives, and agents from any and all claims, causes of action and/or lawsuits, including but not limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish, and/or death, and/or property loss or damage, arising from or in connection with my Volunteer Services or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Second Harvest Food Bank of Greater New Orleans and Acadiana and The Roman Catholic Church of the Archdiocese of New Orleans, and their respective members(s), officers, trustees, directors, employees, representatives, and agents associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature:  Date:

**Photo Release: (Optional)**  
I consent to the unrestricted use, by Second Harvest Food Bank of Greater New Orleans and Acadiana (and those acting with its permission and authority), of any and all photographs taken, in whole or in part, unlimited use, for all purposes in any form or medium, including, without limitation, its use through or on any electronic media, including the internet. I waive any rights to inspect or approve the finished product or products or the advertising copy or printed matter that may be used with the finished photograph(s). Further, I relinquish all rights, titles and interests I may have in the finished photograph(s), negative(s) and reproduction to any responsible business firm or publication. It is understood that Second Harvest Food Bank of Greater New Orleans and Acadiana retains copyright of images at all times under the express understanding and agreement that Second Harvest Food Bank of Greater New Orleans and Acadiana shall have exclusive reproduction rights to the images. I hereby release Second Harvest Food Bank from any and all claims in connection with the photograph(s), including any and all claims of libel.

Signature:  Date:

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