

This waiver and agreement has three parts: 1) waiver and release of liability, 2) media waiver, and 3) health policy agreement. Please read each carefully. All three are required to volunteer at the Maryland Food Bank.

1. Waiver and Release of Liability

I hereby acknowledge my receipt of permission to volunteer for the Maryland Food Bank (primary address is 2200 Halethorpe Farms Road, Baltimore, MD 21227). I also acknowledge my understanding that my service as a volunteer with the Maryland Food Bank may expose me to various risks of injury and/or illness. I do hereby agree and understand that I assume these risks and I agree not to hold the Maryland Food Bank, its partner farms, agents, employees, or volunteers liable for any such injury and/or illness. I understand that this Waiver and Release of Liability extends to and applies to any personal injuries, injurious results, damages or losses I may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for the Maryland Food Bank. I covenant not to file suit or initiate any claim procedure with respect to any personal injuries, property damages or losses I may experience or sustain arising directly or indirectly out of my activities.

2. Media Waiver

I consent to the release of photograph(s), video footage, audio clip(s) or written material(s) of me and/or my children to inform people about the programs and services of the Maryland Food Bank. I understand that the photograph(s), audio clip(s), video footage, or written material(s) may be used on television or in newspapers, press releases, print publications, outdoor applications, social media, or online communications about the work of the Maryland Food Bank. My consent to the release of my photograph(s), video footage, or audio clip(s), or written material(s) is unconditional.

3. Health Policy Agreement

I understand that I must: (1) Report when I have or I have been exposed to any of the symptoms or illnesses listed below; and (2) comply with restrictions and/or exclusions that are given to me. I understand that if I do not comply, I may not be able to return as a volunteer to the Maryland Food Bank.

Reporting: Symptoms of Illness I agree to report to MFB when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses I agree to report the MFB when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Reporting: Exposure of Illness I agree to report to MFB when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.

Exclusion or Restriction from Volunteering

If you have any of the symptoms or illnesses listed above you may be excluded or restricted from volunteer work. If you are excluded, you will not be able to be at the Maryland Food Bank. If you are restricted, you will be able to come to the Maryland Food Bank but your duties may be limited.

Returning to Volunteering

If you are excluded from volunteering for having diarrhea and/or vomiting, you will not be able to return to the food bank until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting. If you are excluded from volunteering for exhibiting symptoms of a sore throat with fever or for having jaundice, Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, and/or Hepatitis A, you will not be able to return until the Health Department or a health practitioner approval is granted.

4. Parent/Guardian Waivers & Agreements

The undersigned parent/guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event and has agreed individually and on behalf of the child or ward, to the terms of the 1) Waiver and Release of Liability, 2) Media Waiver, and 3) Health Policy Agreement set forth above. The undersigned parent/guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent/guardian

Print Name of Volunteer

Print Name of Parent/Guardian (if applicable)

Signature of Volunteer (or Parent/Guardian if applicable)

Today's Date