

## Dinner With Love Foundation Volunteer Agreement and Release from Liability

### **VOLUNTEER DRIVER:**

- 1. LICENSE:** I have a current driver's license. If for any reason I do not have a current driver's license I will not volunteer as a Driver.
- 2. INSURANCE:** I have the minimum auto insurance required by the State of Oklahoma. If for any reason I do not have auto insurance I will not volunteer as a Driver.
- 3. COSTS:** I acknowledge that Dinner With Love Foundation will not be responsible for any of the costs incurred by me when using my personal auto including, but not limited to fuel, maintenance, parking/speeding violations or any cost related to damage to my personal auto.
- 4. DUTIES:** I am aware that my duties as a driver may include, but are not limited to, delivering meals in my personal auto, or assisting meal delivery in the auto of another volunteer.
- 5. SAFETY CONCERNS:** I am aware that delivering meals is a potentially hazardous activity. Those hazards include, but are not limited to, back injury due to lifting, personal injury from car accidents, property damage or injury in accidents, falls, and/or muggings. I am voluntarily participating in these activities with the knowledge of the danger involved, and therefore agree to accept any and all risks of injury and will rely only upon my own insurance coverage.

### **VOLUNTEER FOOD PREPARER:**

- 1. DUTIES:** I am aware that my duties as a kitchen volunteer may include, but are not limited to, lifting, handling knives, operating heavy equipment, wrapping foods, and cleaning up.
- 2. SAFETY CONCERNS:** I am aware that volunteering in the kitchen can be a potentially hazardous activity. Those hazards include, but are not limited to, injuries from slips and falls; back injuries from lifting and standing; burns and cuts. I am voluntarily participating in these activities and therefore agree to accept any and all risks of injury and will rely only upon my own insurance coverage.

**RELEASE:** As consideration for being permitted to participate as a volunteer for Dinner With Love Foundation, I hereby agree that I, my assignees, heirs, spouses, guardians, and legal representatives will not sue Dinner With Love Foundation or any of its agents, directors, employees, representatives, contractors, or volunteers on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses without limitation, those based on the risks of death, exposure or harm from Covid-19, bodily injury or property damage resulting from volunteer activities, the unavailability of emergency medical care; or, the negligent or deliberate acts of another person and including strict product liability or any other liability without fault.

**PHOTO RELEASE:** I acknowledge that my picture/likeness may be taken/recorded and release permission for that picture/likeness to be used by Dinner With Love Foundation. I acknowledge that Dinner With Love Foundation may use said picture/likeness in print media or other forms of visual communication as it or its designees see fit. I agree that I am not entitled to any form of monetary/financial compensation for the use of my picture/likeness and have not been promised compensation.

***I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT BY MAKING THIS AGREEMENT I, AND MY CHILD(REN) WHO MAY PARTICIPATE WITH ME, SURRENDER VALUABLE RIGHTS. I SURRENDER SUCH RIGHTS FREELY AND VOLUNTARILY ON MY BEHALF AND THE BEHALF OF MY CHILD(REN). I FURTHER CERTIFY THAT I, PERSONANALLY AND AS A PARENT OR GUARDIAN, AM OF LAWFUL AGE, AND ARE LEGALLY COMPETENT TO SIGN THIS AGREEMENT; THAT I UNDERSTAND THAT THE TERMS HEREIN ARE CONTRACTUAL AND NOT A MERE RECITAL; THAT I HAVE SIGNHED THIS AGREEMENT AS MY OWN FREE ACT AND IF I HAVE ANY DOUBTS CONCERNING THE CONTENTS OF THE AGREEMENT I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT.***

Volunteer Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT** (if volunteer is under 18): I hereby give my permission for **my child(ren)** \_\_\_\_\_, \_\_\_\_\_, **age(s)** \_\_\_\_\_, \_\_\_\_\_ to volunteer at Dinner With Love Foundation. I acknowledge that I am informed of the hazards involved in the volunteer activity. I have read and understand Release from Liability and also agree to be bound by its terms in consideration for Dinner With Love Foundation allowing my child(ren) to participate as a volunteer.

Parent/Guardian Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact and Phone:** \_\_\_\_\_