

**WAIVER AND RELEASE OF LIABILITY AND HOLD HARMLESS FOR
PARTICIPATION IN NORTHFIELD TOWNSHIP FOOD PANTRY VOLUNTEER PROGRAM**

My name is _____ . I am at least 18 years of age and reside at _____
(Print Name)

_____. I would like to participate in the Northfield Township Food Pantry Volunteer Program (sometimes hereinafter referred to as the "Program").

The Program has been explained and described to me as follows:

The Northfield Township Food Pantry ("Food Pantry") has been operating for over 40 years. It was started in an effort to help Northfield Township residents who, for various reasons, have found it difficult to provide enough food for themselves and their families. The Food Pantry is sustained entirely by contributions from individuals, community organizations, schools and churches who generously donate time, services, food and/or funds. No tax dollars are used to stock the Food Pantry. The Food Pantry relies completely on voluntary support from the community.

As a volunteer for the Food Pantry, I may be called upon to do the following: (1) pick up donated goods from local merchants as scheduled with the Program Manager or designee, and deliver them to the Food Pantry at 2550 Waukegan Road, Glenview, Illinois, 60025; (2) stock shelves and sort food and perform other Pantry related duties at the Food Pantry located at 2550 Waukegan Road, Glenview, IL 60025. I understand and acknowledge that heavy lifting and loading are required for this Program.

In consideration of the Food Pantry allowing me to become a volunteer driver for the Program as described above, I hereby represent and warrant that I am authorized to drive a vehicle in the State of Illinois, that any vehicle I use in my duties as a volunteer is registered and insured and otherwise compliant with Illinois laws. I have attached a copy of my vehicle insurance card and driver's license to this waiver and release.

In further consideration of allowing me to provide volunteer service for the Program, I agree to maintain in confidence any information I may learn or receive about the names and addresses or finances of any persons that utilize the Food Pantry.

I hereby waive and release any liability, claim or cause of action for personal injury or property damage that may accrue to me as a volunteer for the Program, against any person or entity, including but not limited to, the Food Pantry, the Township of Northfield, and/or their respective officials, trustees and/or employees, or any persons or entities affiliated with the Program. I assume all risk of personal injury, death, property damage and/or any other loss I may sustain or cause to others as a result of my participation in the Program.

I further agree to indemnify and hold harmless the Food Pantry, the Township of Northfield, and/or their respective officials, trustees and/or employees, or any persons or entities affiliated with the Program, from any and all liability, claims, demands or actions arising out of my participation in the Program.

I have had the opportunity to read this waiver, release and hold harmless and to ask questions about this document and the Program, which questions have been fully answered by representatives of the Program. I fully understand the terms of this waiver and release and hold harmless which I am signing below as my free and voluntary act.

Name: _____ Date: _____
(Signature)

Telephone No.: _____

Driver's License No.: _____

Insurance Policy No.: _____