

**LIABILITY WAIVER AND RELEASE**

Daily Manna Serving Center, Inc. (“Daily Manna”) is a non-profit organization dedicated to the collection and distribution of food to those in need. I intend to assist Daily Manna as a volunteer. Volunteer activities may include, but are not limited to, food unloading, cleaning or distribution at DAILY MANNA facilities. In consideration of participating as a volunteer and in recognition of the non-profit status of DAILY MANNA, I hereby agree as follows:

1. I am 18 years of age or older.
2. I hereby release Daily Manna from, and waive on behalf of myself and my heirs and any minors indicated below, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act or failure to act, of DAILY MANNA, or that may otherwise arise in any way in connection with any voluntary activities with or for DAILY MANNA. This Liability Waiver and Release extends to DAILY MANNA together with all of its officers, directors, affiliates and agents.
3. I assume the risk of any and all dangerous conditions in and about Daily Manna facilities or in connection with any off-site voluntary activities.
4. IT IS MY INTENTION BY THIS LIABILITY WAIVER AND RELEASE TO EXEMPT DAILY MANNA AND ALL OFFICERS, DIRECTORS, AFFILIATES AND AGENTS FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH.
5. This waiver contains the entire agreement between myself and the parties released and their affiliates.
6. This waiver is also given on behalf of the following minor. (One document per minor, please.) (Note: A parent/guardian must sign if this waiver is for a minor.)
7. I have read this waiver, understand it, and am signing it voluntarily.

Date: \_\_\_\_\_

Adult’s Name: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Minor’s Name: (if applicable). \_\_\_\_\_ (Print)

Emergency Contact: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Organization / School / Church: (if applicable) \_\_\_\_\_

**Mailing Address: (Please fill out completely.)**

Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: Work No. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_

- YES, I would like to receive news and information at my mailing address.
- YES, I would like to receive news, information, and volunteer updates by email.
- NO, I prefer not to be contacted.

Email address: \_\_\_\_\_

Witness: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_