



Volunteer Liability Release Form

With regards to my interest to serve as a volunteer at Our Daily Bread, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any volunteer effort, or other activity of any nature, including the use of equipment and facilities of Our Daily Bread.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Our Daily Bread and its officers, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Massachusetts, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

I agree to respect the privacy of Our Daily Bread patrons and will not to discuss/share with anyone outside of Our Daily Bread, any personal information on patrons encountered through my volunteer efforts. I also agree not take pictures and/or post on social media without the expressed consent or approval of Our Daily Bread.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Performance Authorization, Release, and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Printed Name

Signature

Date

Phone Number

Printed Name (Guardian)

Signature

Date

Phone Number