

Liability Form

Please read and initial each statement, then sign below.

_____ I will hold all information regarding Feed By Grace clients in the utmost confidence. I will not photograph or record their images or voices without their permission or the permission of Feed By Grace staff.

_____ I have read the Safety Guidelines and agree to abide by them.

_____ I hereby waive forever, for myself, heirs, executors, and administrators indemnify, and hold harmless Feed By Grace, its organizers, directors, staff and agents from all connection with any service efforts in which I participate.

_____ Feed by Grace and its agents have permission to utilize any photographs, videos or recordings taken of me for publicity or training purposes.

Signed by

Date

Printed Name

Preferred e-mail address

Street Address

Preferred telephone number

City, State, Zip

Church/organization/group – if any

Parent or Legal Guardian *(of volunteers under the age of 18 years)*

As a parent or legal guardian of the above-named Volunteer, I hereby give consent for my child or ward, as the case may be, to join in and agree to be bound by the terms and conditions of the release.

Signed by Parent/Guardian

Date

Printed Name

Emergency Phone Number

Preferred e-mail address