

# 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 Friend, 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