**Annual Volunteer Consent and Waiver Form**

**(for Adult Volunteers over 18 years of age)**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am volunteering with Redmond School Break Food Box Program at Redmond Presbyterian Church. In signing this document, I agree to the following:

* In case of emergency, I authorize the Food Box Leadership Team to seek any medical treatment that may be required.
* I recognize that the leadership team will use their best judgement as to my health and safety.
* I agree that medical treatment offered by the program leadership team may include band-aids, cold packs, and other standard First Aid measures; life-threatening, emergency treatment may be provided by medical professionals; *if I am injured and unresponsive,* decisions regarding my care may be entrusted to the adults of the leadership team, in consultation with the medical professionals.
* All efforts will be made to reach my emergency contact.
* I will not hold the Redmond School Break Food Box Program OR Redmond Presbyterian Church responsible for any accident, injury, or loss of life that may occur while I am volunteering.
* I am responsible for all costs associated with any medical services I may require, whether I have medical insurance or not.
* If I struggle to follow health and safety rules, I may be asked to end my shift earlier than expected.

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**Volunteer’s signature Date**

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**Volunteer’s cell phone number Volunteer’s Email Address**

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**Emergency Contact’s full name Emergency Contact’s Cell phone #**

**PHOTO RELEASE**

Redmond Food Box Program and RPC have my permission to use

* my image and voice

for advertising and promoting their programs in various mediums including social media, websites, and printed materials.

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**Signature of Consenting Volunteer Date**

**Updated 9.2022**