WAIVER AND RELEASE OF LIABILITY AND HOLD HARMLESS FOR PARTICIPATION BY A MINOR IN NORTHFIELD TOWNSHIP FOOD PANTRY VOLUNTEER PROGRAM

My name is:	, I am the parent/legal guardian of : , a minor , who resides with me at the following address :
	
	, minor , to participate in the Northfield Township Food netimes hereinafter referred to as the "Program").
	ained and described to me as follows: Pantry ("Food Pantry") has been operating for over 40 years. It was started in an
effort to help Northfield Townsh	nip residents who, for various reasons, have found it difficult to provide enough
	milies. The Food Pantry is sustained entirely by contributions from individuals, ols and churches who generously donate time, services, food and/or funds. No
· ·	Food Pantry. The Food Pantry relies completely on voluntary support from the
	Pantry, it has been explained to me that: , the
related duties at the Food Pantry	stock shelves, sort food and/or other donated items and perform other Pantry located at 2550 Waukegan Road, Glenview, Illinois, 60025. I understand and loading are required for this Program.
In consideration of the Food	• • • ———
	ereby waive and release, on behalf of, the minor and
• •	eause of action for personal injury or property damage that may accrue to:
	r, or me, as a volunteer for the Program, against any person or entity, including but
	y, the Township of Northfield, and/or their respective officials, trustees and/or entities affiliated with the Program. I assume all risk of personal injury, death,
property damage and/or any oth	· · · · · · · · · · · · · · · · · · ·
	e to others as a result of participation in the Program.
In further consideration of a	
	ntain in confidence any information I may learn or receive about the names and
	rsons that utilize the Food Pantry and also to advise:
· ·	, the minor, that any information he/she receives about names,
addresses, and/or finances must	remain confidential and not be discussed with any other person(s).
	y and hold harmless the Food Pantry, the Township of Northfield, and/or their
	d/or employees, or any persons or entities affiliated with the Program, from any
and all liability, claims, deman	ds or actions arising out of: ,the minor's
participation in the Program.	
	y to read this waiver, release and hold harmless and to ask questions about this
	ich questions have been fully answered by representatives of the Program. I fully
	waiver and release and hold harmless which I am signing below as my free myself and: the minor.
Name of parent or legal guard	lian:Signature:
	Date:
Address:	

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