



TALBOT COUNTY, MARYLAND
Easton, MD 21601
410.770.8150

**FOOD DISTRIBUTION VOLUNTEER
RELEASE AND INDEMNITY AGREEMENT**

I, _____, the undersigned (“Participant”), wish to participate in a food distribution event. I acknowledge that with this opportunity the County allows individual volunteers and groups to take part in the packaging and distribution of food to the public at scheduled events some of which are mobile and involve working around vehicles. Further, I acknowledge that this activity involves physical requirements; at a minimum, volunteers must be able to stand up for 3-4 hours and lift up to 25 lbs. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate, that I am responsible for my own safety and wellbeing at all times and under all circumstances while volunteering. Finally, I acknowledge that participation involves a risk of serious bodily injury.

I agree to hold in confidence all information I become privy to regarding patrons of these food distribution events.

I hereby assume the foregoing risks, and in consideration for such participation, I, on behalf of myself and my heirs, successors, and assigns, agree to release, indemnify, and hold Talbot County, Maryland, its departments, elected and appointed officials, employees, agents, and contractors harmless from and against any and all claims of whatsoever nature or kind, including, without limitation, any claims for bodily injury, sickness or disease (including death resulting at any time therefrom), arising out of or related to my participation in food distribution events, which claims may be sustained or claimed by me, or anyone claiming through me, or, to the extent caused by any act or omission of mine, negligent or otherwise, any claims which may be sustained or claimed by any other person or persons, or people claiming through them.

PHOTO RELEASE: I understand that unless declined here my photograph or video image may be used for any reason by Talbot County. This is a complete release, discharge, and waiver of any and all actions or causes of action against the entities and person set forth above, and the offices, agents, employees, and volunteers of those entities. (Mark here to Decline _____)

WITNESS:

PARTICIPANT SIGNATURE:

Printed Name: _____

Date: _____

Volunteer Group: _____

Name & Signature of Parent if Participant is a Minor:
