VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for Senior Nutrition Program of San Luis Obispo County ("Meals That Connect") as a volunteer for the SLO Pickle Festival on 10/10/26, between 11 AM – 5 PM
2. As a volunteer, I understand that I control the dates and times when I do the work and that Meals That Connect is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting, driving, cooking, and carrying up to 40 pounds - and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Meals That Connect, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Meals That Connect or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Meals That Connect as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE **Meals That Connect** AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE SLO PICKLE FESTIVAL.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY MEALS THAT CONNECT'S WORKERS' COMPENSATION PROGRAM. I authorize Meals That Connect to seek emergency medical treatment on my behalf in case of injury, accident or illness arising from my involvement as a volunteer. I understand that I will be solely responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Meals That Connect are and remain the property of Meals That Connect, and I agree to return these tools and any remaining materials to Meals That Connect at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

_____ _____

Date Volunteer Signature

_____

Printed Name

_____ _____

Date Meals That Connect Representative Signature

_____

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

_____ _____

Date Parent or Guardian Signature

_____

Printed Name