

## TRUCK WAIVER AND RELEASE

		Participant Information
	Full Name:	
	Phone Number:	
	Email Address:	
		Emergency Contact Information
	Full Name:	
	Phone Number:	
	Relationship:	
I reco trans of the food sens ingre or all abov may prepa place I agre to wa its er claim	ognize and acknown port and use, there a goods and their congredients that has itivities, such as nudients must inform ergies prior to being e. It is the volunteer come in contact with a red to use it, if new e while said volunteer to accept all such a live any claims than a ployees or agents is.	ledge that, in addition to the hazards and risks involved in motor vehicle may be further risks resulting from the activities of the handling and deliver ontainers. This may include, but is not limited to, exposure to food and/or we been known to cause allergic reactions in some people with known ts, shellfish, etc. Volunteers with known sensitivities to food and/or food the Second Harvest Volunteer Coordinator of any and all such sensitivities g scheduled to participate in Second Harvest vehicle activities, as outlined r's responsibility to take the necessary precautions in the event that he/she has known food allergen (e.g., carry an epinephrine auto-injector and be ressary). Second Harvest is not responsible should an allergic reaction take er is participating in Second Harvest vehicle activities, as outlined above.  The risks whether of personal injury, economic loss, or property damage and and to indemnify and save harmless any of them from and against any such gree that permission to participate shall be good and sufficient consideration are that permission to participate shall be good and sufficient considerations.
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	Volunteer Signatur	Date (MM/DD/YYYY)