

**Share Our Strength’s Cooking Matters at the Store**

**Volunteer Waiver and Release Form**

Please read, and if you agree to the statement, please initial each line and sign and date at the bottom of the page.

**Participation Waiver**

Liability Waiver: I want to volunteer for Cooking Matters at the Store and I release Share Our Strength, **Inter-Faith Food Shuttle** its agents, representatives, employees, other volunteers and any sponsors of Cooking Matters from any and all damages, causes of action, claims and liability that might arise from my participation in Cooking Matters at the Store.

Information Waiver: I understand that any information I choose to provide Share Our Strength before, during, or after my participation will be held in strict confidence, and I agree that Share Our Strength may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, communication and publication.

**Initials \_\_\_\_\_\_\_\_**

**Limited Use of Intellectual Property**

Share Our Strength owns the intellectual property rights in the Cooking Matters at the Store trademark, curricula and printed materials. Share Our Strength hereby grants to the volunteer a limited right to use the Cooking Matters at the Store curricula and printed materials solely in connection with the Cooking Matters at the Store program. I understand that these materials are to be used within the context of this course only. I further understand that use of these materials in another setting is not permitted without prior written permission from Share Our Strength.

**Initials \_\_\_\_\_\_\_\_**

**Media Release**

I consent to and allow any use and reproduction by Share Our Strength and **Inter-Faith Food Shuttle** of any and all photographs or videotapes taken of me during my participation in Cooking Matters at the Store. I understand that Share Our Strength and Inter-Faith Food Shuttle will own the photographs and videotape and the right to use or reproduce such photographs and videotape in any media, as well as the right to edit them or prepare derivative works for the purposes of promotion, advertising, and public relations. I hereby consent to Share Our Strength’s and Inter-Faith Food Shuttle’s use of my name, likeness or voice, and I agree that such use will not result in any liability for payment to any person or organization, including myself.

**Initials \_\_\_\_\_\_\_\_\_\_\_**

I further acknowledge that I am at least 18 years of age.

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Signature Date

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Name (please print)

 **FOR STAFF ONLY**

* This individual does not appear on the National Sex Offender Registry