

ADULT VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

The Volunteer releases Operation Lunchbox, Inc, a nonprofit organization organized and existing under the laws of the United States as a Section 501(c)(3) tax exempt corporation, each of its directors, officers, employees, and agents.

I do hereby give my consent to participation in all activities of Operation Lunchbox. The Volunteer understands that the scope of the Volunteer's relationship with Operation Lunchbox is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; and that Operation Lunchbox will not provide any benefits traditionally associated with employment to Volunteer. The Volunteer desires that the Volunteer engage in activities related to serving or participating in Operation Lunchbox's activities as a player, participant or volunteer. The Volunteer is responsible for the Volunteer's own insurance coverage in the event of personal injury or illness as a result of participation in activities of Operation Lunchbox.

1. Waiver and Release: I release and forever discharge and hold harmless Operation Lunchbox and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a Volunteer with the nonprofit, including claims arising out of negligence. I understand and acknowledge that this Release Discharges Operation Lunchbox from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services the Volunteer provided to Operation Lunchbox or occurring while Volunteer is providing volunteer services.

2. Insurance: I affirm that I am covered by primary medical insurance and understand that I am responsible for my medical bills if injury occurs. Further, I understand that Operation Lunchbox does not assume any responsibility for or obligation to provide the Volunteer with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Volunteer's injury, illness, death or damage to his or her property. I expressly waive any such claim for compensation or liability on the part of Operation Lunchbox beyond what may be offered freely by Operation Lunchbox in the event of such injury or medical expenses incurred by the Volunteer.

3. Assumption of Risk: I understand that the services provided by me to Operation Lunchbox may include activities that are inherently dangerous to me, including but not limited to working in the warehouse with cases of food, pallets, etc. I hereby expressly assume the risk of injury or harm to me from these activities and release Operation Lunchbox from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am participating in events.

4. Photographic Release: I, grant and convey to Operation Lunchbox all right, title, and interests in any and all photographs, images, video or audio recordings of the Volunteer or his or her likeness or voice made by Operation Lunchbox in connection with the Volunteer participating in Operation Lunchbox events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. Medical Treatment: I, hereby release and forever discharge Operation Lunchbox from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Operation Lunchbox. I give my consent for Operation Lunchbox to provide, administer, or obtain medical treatment for me.

6. Other: I, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Signature of Volunteer

Date

Print Name of Volunteer