



FHL Food Pantry Volunteer WAIVER AND INDEMNITY AGREEMENT

By affixing my signature to this form, I agree to participant in as a volunteer with Faith Hope and Love, and hereby waive any and all claims by me, my heirs and/or estate against Faith Hope and Love Community, Inc., and its directors, officers, staff and volunteers, for any and all liability, damage or expense from any accident, illness or injury that may happen to me by reason of my participation as a volunteer of Faith Hope and Love Community, Inc. This waiver is made knowingly and voluntarily without coercion of any kind.

I acknowledge and agree to indemnify and hold Faith Hope and Love Community, Inc., and its directors, officers, staff and volunteers, harmless from and against any and all liabilities, damages and expenses, including attorney fees, arising from my volunteer activities with Faith Hope and Love Community, Inc., including the enforcement of this **Waiver and Indemnity Agreement**.

Volunteer Signature: _____

Print Name: _____ Date: _____

If under 18 years old signature of custodial parent or legal guardian required.

Is Volunteer Age 18 or younger? Yes _____ (Volunteer initials)

The undersigned hereby acknowledges and affirms that they are the custodial parent or legal guardian of the under age 18 Volunteer named above, and does hereby consent to the child serving as a volunteer of Faith Hope and Love Community, Inc. The undersigned does hereby further agree to be bound by the terms of this Waiver and Indemnity Agreement.

Guardian Signature: _____

Print Name: _____ Date: _____

Please complete and sign the form and mail to:

*Faith Hope and Love Community, Inc.
40 W 40th St., Ste. 223
Indianapolis, IN 46208*

If you have any questions: (317) 578-3370 or visit us at: www.fhlcommunity.org