

AUTHORIZATION TO USE LIKENESS AND/OR NAME AND RELEASE OF CLAIMS:

Friends Against Hunger, PO Box 7108, Springfield, MO 65801

Circle One Age Group: Age: 10-18 19-25 Over 25 **SCHOOL: NONE / MSU / DRURY / OTC / SBU / OTHER**

Volunteer Name _____ Date ___11/___/2013___

Street Address _____ Phone: _____

City _____ St _____ Zip _____

Other family members with you today _____

Name of Organization if you are a part of a group: _____

Would you like to receive e-mail notification of packaging events? If yes, complete your e-mail address otherwise leave blank.

E-mail: _____

I, hereby authorize the use of my name and likeness, in whole or in part in the use of commercial materials. I herein represent that I have the authority to enter into this Agreement. Use of this material may be published at the discretion of **Friends Against Hunger** Organization and I agree that I shall not be entitled to any compensation or injunctive relief of any type. I hereby waive any right of inspection or approval of the finished product. I further waive the return or any materials, including but not limited to photographs, provided for the creation of said commercial materials. You agree personally for yourself and any minor accompanying you in your volunteer capacities to indemnify and hold harmless Outreach, Inc. of Union, Iowa, and Friends Against Hunger, Springfield, MO from any claim, (including loss of life and attorneys fees) or any other loss or damage which you might sustain during the course of your volunteer duties. You declare you are legally competent to make this affirmation. . Because of cell phone camera we cannot control who takes photos, or how they use them so by participating in the event you are agreeing to all terms without exception. NO MODIFICATIONS TO THIS DOCUMENT ARE VALID.

Volunteer Signature or Parents if Volunteer is under 18

Please Print Volunteer Name or Name of Parent

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Please Print Parent Name