



Hearts United

FFTP VOLUNTEERS

Volunteer Waiver and Event Guidelines

This waiver should be completed prior to your volunteering with Food For The Poor at the Hearts United Community Day on **April 30, 2022**.

In consideration of my participation in the Hearts United Community Day event, I agree to the following:

- 1.** It is my desire to further the work of FFTP by performing services as a volunteer. As a volunteer, I understand that I am not an employee of FFTP and I understand this role does not include compensation or payment of any kind.
- 2.** I am prepared physically, emotionally, mentally and spiritually for this volunteer experience. I will be flexible and have a servant attitude.
- 3.** I understand that all supplies, materials, property and products – including all items donated to FFTP – are for the purposes of helping those in need and may not be damaged or removed from the FFTP’s premises.
- 4.** I confirm that I have not been convicted of any crime involving a sex offense or any felony. If I am convicted of such a crime in the future, I will inform FFTP prior to returning to volunteer.
- 5.** I grant to any of the FFTP leaders or their agents the right to represent me in decisions relating to my welfare or the group welfare during my volunteer experience. I will follow the suggestions made on my behalf.
- 6.** I hereby grant any of the FFTP leaders or their agents my permission to authorize emergency medical treatment and medication on my behalf. I will not hold any of the FFTP leaders or their agents responsible for the results of such treatment, medication or decisions made on my behalf.
- 7.** I am aware of the hazards and risks to myself and to my property associated with this volunteer experience. I accept these conditions with full awareness, and I assume all risks of death, injury, illness, and personal property loss or damage associated with such risks. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate.

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8. I am aware that my actions, whether directed by FFTP leaders or otherwise, expose me personally to liabilities and possible litigation. I accept this risk and understand that FFTP is not responsible for defending or indemnifying me for claims or allegations brought against me. I certify that I have in place adequate insurance protection which includes a homeowners or tenant policy that provides personal liability protection.
9. I grant permission to FFTP to use my image, likeness, and the sound of my voice as recorded during my volunteer experience by still photography, audio or video in publications, social media or other media material used, produced, or contracted by FFTP. I understand that I will not receive payment or other compensation for the use of my image or recording.
10. I understand that FFTP reserves the right to ask volunteers and volunteer groups to leave the premises and/or not return for any reason deemed sufficient by FFTP.
11. I waive any and all claims for damages against FFTP or FFTP leaders arising from death, injury, illness, inconvenience, or in property damage or loss for any reasons including but not limited to any negligent act or acts of FFTP or FFTP leaders which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will. I understand that FFTP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance of any nature in the event of my injury, illness, or death, or damage to or loss of my property.
12. Governing Law/Venue: This agreement shall be governed only by the laws of the State of Florida. Venue for any action hereunder shall be in Broward County, State of Florida.

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Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. FFTP has put in place preventive measures to reduce the spread of COVID-19, based on recommendations from federal, state, and local governments and federal and state health agencies; however, FFTP cannot guarantee that you or your child(ren) or dependent(s) will not become infected with COVID-19. Further, attending FFTP volunteer events could increase your risk and your child(ren)'s or dependent(s)' risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while at FFTP volunteer events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of being exposed to or infected by COVID-19 at FFTP volunteer events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, FFTP employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, or any kind that I may experience or incur in connection with attending FFTP volunteer events ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless FFTP, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, and negligence of FFTP, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after attending FFTP volunteer events.

In addition, I voluntarily agree that I will not attend FFTP volunteer events if I (i) experience symptoms of COVID-19, including without limitation fever, cough or shortness of breath, (ii) have a suspected or diagnosed/confirmed case of COVID-19, or (iii) have been exposed within the past 14 days to any person who has a suspected or diagnosed case of COVID-19. I agree to notify FFTP immediately if I believe any of the above conditions apply.