

# VOLUNTEER LIABILITY RELEASE WAIVER

## Parental Consent Form

Under 18: Please complete

*If you 18 or over, you do NOT need a parental consent form.*

I, the parent/guardian of \_\_\_\_\_ give my voluntary consent to his/her participation in Productive Produce's volunteer fruit collection and distribution. I hereby release Productive Produce, the State of Florida, the Board of Directors, the officers, employees, and agents from any and all liability resulting from events beyond control. In the event of an accident, injury, or illness, Productive Produce and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary. Furthermore, I release Productive Produce, the State of Florida, the Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Phone Number

## Participation Waiver

All: Please complete

In consideration for participating in Productive Produce's volunteer fruit collection and distribution, I assume responsibility for all my actions while on location, at the facilities, traveling to and/or from any such location, and/or engaged in an activity under the supervision of my adult team leader, and/or Productive Produce staff and volunteers. Furthermore, I hold harmless, Productive Produce, the State of Florida, the Board of Directors, and the officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name  
4836-3930-3260, v. 1

\_\_\_\_\_  
Phone Number