

**COMMUNITY GARDEN VOLUNTEER   
LIABILITY RELEASE FORM**

TO BE READ AND SIGNED BY ALL GROUPS INTENDING

TO VOLUNTEER FOR MARION-POLK FOOD SHARE IN A COMMUNITY GARDEN

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of **Marion-Polk Food Share**, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Marion-Polk Food Share, its officers and directors, employees, agents, and volunteers from all claims, suits, demands, and actions for injuries and/or loss sustained to my person and/or property as a result of my involvement in such activities, including any claims based upon negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree that I will maintain any required licenses if I am assigned a volunteer activity requiring such licenses, and that I will comply with all applicable federal, state, and local laws while serving as a volunteer for Marion-Polk Food Share.

NAME OF GROUP/ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE(S) and TIME OF ACTIVITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR(S) PRESENT FOR GROUP ACTIVITY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print clearly) (Please print clearly) (Please print clearly)

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**TOTAL VOLUNTEERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL VOLUNTEER HOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return completed form to Leana at Marion-Polk Food Share:

1660 Salem Industrial Drive NE Salem, OR 97301   
ldickerson@marionpolkfoodshare.org