



Harvest Rescue

LINKING FOOD AND COMMUNITY

Volunteer Indemnity and Liability Release and Child Participation Agreement

BY SIGNING BELOW, I HEREBY I ACKNOWLEDGE AND AGREE THAT:

There are inherent risks and hazards involved in gardening and harvesting fruit, vegetables and nuts. I agree to assume all such risks and hazards and to bear all costs of medical attention. The following is a NON-EXCLUSIVE list of possible risks that could occur while volunteering for Harvest Rescue;

- Falling from a tree or ladder
- Allergic reaction to an insect bite
- Eye or other injuries related to being poked by a branch or tool.
- Being struck by falling fruit or branches
- Damage to another persons' property

I hereby remise release and forever discharge Harvest Rescue and the Nelson Food Cupboard Society, including its employees, property owners and all other participants from any manner of actions, causes of actions, claims and demands of whatsoever nature which I may have in respect to any injury loss or expense I may sustain arising out of or in any way connected with my participation as a volunteer with Harvest Rescue.

(Please check) It's okay to take and use my picture: I grant Harvest Rescue permission to copyright and use my voice and likeness of me in any manner of form for any lawful purpose at any time. I waive any right that I may have to inspect or approve the finished product.

This agreement will remain valid for all Harvest Rescue activities until the October 31st 2014.

Children: (if applicable)	<u>Child's name</u>	<u>Age</u>	<u>Relationship to Signer</u>
	_____	_____	_____
	_____	_____	_____

I HAVE READ THIS INDEMNITY AND RELEASE OF LIABILITY AND ACCEPT ITS TERMS

Volunteer, Parent or Guardian:

Agreed to:	_____	_____	_____
	Printed Name	Signature	Date

Witness:	_____	_____	_____
	Printed Name	Signature	Date

For Volunteers using personal vehicles during HR events:

I confirm my personal car insurance is current and in force:	<u>Yes</u>	<u>Initial and Date</u>
	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____

HARVEST RESCUE VOLUNTEER INFORMATION

This form provides us with essential volunteer contact information, items marked with * are required, other contact fields are suggested since they allow the coordinator to contact you directly in case of event changes and to match your interests. Information entered here is used solely by Harvest Rescue; we do not share, sell, or otherwise distribute your personal information.

***Name:**

Address:

***Phone Number:**

Cell Phone:

***Email address:**

***Neighbourhood you live in:**

Vehicle?

Type:

Do you have a ladder?

Are you able to transport it?

Newsletter? Yes, I want to subscribe No, do not subscribe me (circle one. Default is "subscribe")

Interests? Harvesting Gardening Leading/Organizing Computer/IT Transport
Carpentry – building garden infrastructure Preserving

(circle any)

Special Interests or Skills? _____

***Preferred Days
and Times to
Volunteer?** (circle one)

Weekdays/weekends
Mornings/afternoons
Exceptions?

How long are you able to pick for?

How far are you willing to travel?

Thank-you for Volunteering!

Please mail/drop-off at:

Harvest Rescue

The Nelson Food Cupboard

602 Silica St. Nelson BC, V1L 4N1

(Mail slot is in the side door by the parking lot when we are closed)

Open hours: Monday and Wednesday 9 – 1 pm.