



# Parent/Guardian Volunteer Permission Form

## Regional Food Bank of Oklahoma Youth Volunteer Policies

Volunteers must be at least 8-years-old to participate in activities of the Regional Food Bank.

Volunteers under the age of 18 must have a signed volunteer permission form in order to participate.

Volunteers under the age of 16 must be accompanied by an adult over the age of 21 in order to participate.

I, \_\_\_\_\_ (print parent/guardian's name), verify that \_\_\_\_\_ (print youth's name) is currently \_\_\_\_\_ years of age and I give permission for her/him to participate in a volunteer activity at the Regional Food Bank of Oklahoma. I further agree that, if s/he volunteers in the **Protein Processing Center**, the Regional Food Bank has permission to obtain his/her health related information to order to ensure food safety.

I also agree that the Regional Food Bank and its representatives may take photographs, videos, and other images or audio recordings of him/her, and I consent to the Regional Food Bank's use of the photographs, videos, and other images or audio recordings taken or produced. The Regional Food Bank and/or Feeding America may use those items in fundraising, for marketing and promotional purposes, and in electronic media for an unlimited time period, and I will not be entitled to receive any compensation, payment, royalty or other remuneration from the Regional Food Bank (to opt out of this release, please contact [adoss@regionalfoodbank.org](mailto:adoss@regionalfoodbank.org)).

I acknowledge that I have read and understand this release and am voluntarily executing this release.

By my signature below, I do release and indemnify, defend and hold harmless, the Regional Food Bank of Oklahoma and Feeding America from and against any and all claims, actions, suits or proceedings of any kind or nature arising as a result of the actions of my child.

I also release the officers, staff and Board of Directors of the Regional Food Bank, without limitations, from damages, liabilities, penalties, costs, expenses, legal fees and claims.

### Please print the following information:

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

This permission form will be kept on file at the Regional Food Bank and is valid for one year, beginning on the above date.