



AFAC is a community-based non-profit that provides supplemental groceries to our Arlington neighbors in need.

AFAC Minor Volunteer Hold Harmless Agreement

I, _____, understand that my minor child, _____, is volunteering at the Arlington Food Assistance Center (AFAC). I hereby release, indemnify, and hold harmless AFAC, its directors and officers, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors of its activities from any and all claims, causes of actions and liability arising from or in any way connected with my child's volunteer participation with AFAC.

____ Please check here if you give AFAC permission to use photographs of your child in its publicity efforts.

____ Please check here if we CAN use his/her name in association with his/her photograph.

____ Please check here if you give AFAC permission to use video of your child in its publicity efforts.

____ Please check here if we CAN use his/her name in association with his/her video.

Signed: _____ Date: _____

Printed Name: _____

Group name (if volunteering with a group):

Please bring completed form to AFAC at the time of your volunteer activity.

Please upload this form prior to your volunteering. If you have any questions, please email us at volunteer@afac.org.