



MARION POLK FOOD SHARE  
**COMMUNITY  
 GARDENS**

**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)

\_\_\_\_\_  
 Volunteer Name (print)                      Volunteer Signature                      Date

\_\_\_\_\_  
 Volunteer Name (print)                      Volunteer Signature                      Date

\_\_\_\_\_  
 Volunteer Name (print)                      Volunteer Signature                      Date

\_\_\_\_\_  
 Volunteer Name (print)                      Volunteer Signature                      Date

\_\_\_\_\_

Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

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Volunteer Name (print)                      Volunteer Signature                      Date

**TOTAL VOLUNTEERS:** \_\_\_\_\_

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

Please return completed form to Marion Polk Food Share:  
1660 Salem Industrial Drive NE Salem, OR 97301  
volcoord@marionpolkfoodshare.org