



The Neighborhood Table ■ P.O. Box 512 ■ Wisconsin Rapids, WI 54495-0512 ■ [www.theneighborhoodtable.org](http://www.theneighborhoodtable.org)

## TNT Core Volunteer Waiver/Release Participation Form

I request permission for the privilege of participating as a volunteer at the Community Meal Program with The Neighborhood Table hereafter referred to as TNT. I understand I am not entitled to this volunteer opportunity and that I will abide by all the rules and regulations adopted and published by The Neighborhood Table to volunteers and the operation and conduct of TNT use of the facilities provided by TNT. I understand that my failure to observe these rules may result in my being excluded from volunteering at TNT. I represent that I am physically able to participate as a volunteer for TNT. I fully understand and agree that my participation at TNT may entail the risk of physical injury. I agree to assume such risk and to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, rising from my volunteering at TNT. I further agree to release, indemnify, and hold harmless TNT and the United Methodist Church of Wisconsin Rapids and their respective directors, officers, employees, agents, and/or representatives, and/or affiliated companies from any and all liability occurring as a result of my volunteer participation at TNT. As a volunteer, I will be personally responsible for any financial cost incurred as a result of my participation at TNT, including, without limitation, transportation or medical expenses incurred as a result of any injury. I understand that TNT and United Methodist Church of Wisconsin Rapids assume no liability of lost, misplaced, stolen and/or damaged personal property and I hereby agree to release TNT and the United Methodist Church of Wisconsin Rapids from any such liability. As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I also hereby grant full permission to use any and all photographs including me or any other record of my voluntary involvement with The Neighborhood Table for any purpose whatsoever.

I, the undersigned, agree that I am at least 18 years of age and have read and voluntarily signed this waiver/participation form. **If under the age of 18 you must have a parent or legal guardian sign, and agree that they have read and voluntarily signed this waiver/participation form.**

\_\_\_\_\_  
Signature (or Guardian if Volunteer is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of volunteer