

Waiver of Liability

(COVID-19 and Other Risks)



I do hereby certify that I am willing and able to participate in a Packathon sponsored by Feed the Hunger (FTH) and The CRUDEM Foundation, d/b/a Haiti Health Promise of Holy Name ("HHP").

I understand that I am attending this event at my own risk and that neither FTH nor HHP is liable in the event of my (or my minor child(ren)'s sickness, accident, or death. This includes exposure to and potential infection by SARS-CoV-2.

I understand that FTH and HHP is taking all reasonable precautions to protect the safety of the food and the safety of those participating in the packing event. Both FTH and HHP are nonprofit organizations and FTH is considered essential as an FDA-registered food storage facility and is complying with all local, state, and federal laws; executive orders; and recommendations from public health authorities regarding operation of the Packathon during this pandemic.

I agree wholeheartedly to abide by decisions made by FTH Staff and HHP Staff, and others with decision-making authority delegated to them by FTH Staff and HHP Staff, as applicable.

I agree to notify FTH and HHP as soon as possible in the event that I am diagnosed with confirmed or suspected COVID-19. This allows FTH and HHP to notify all participants and their respective staff who may have been exposed so that they can seek appropriate medical attention.

I, on behalf of myself and my heirs and legal representatives, and, as applicable, of my minor child(ren) that are participating in the Packathon, hereby knowingly, voluntarily and expressly waive and release FTH and HHP and their respective affiliates, employees, trustees, officers, representatives and other authorized agents, from any and all claims, costs, liabilities and expenses for any injury, losses or damages, or medical conditions that I (or my minor child(ren) who may be participating) may acquire, or death (collectively "Claims") arising from or relating to, or in any way connected with my (or my minor child(ren)'s participation in the Packathon. My waiver and release applies to all Claims, even those Claims caused by the negligence of FTH or HHP, or their respective affiliates, employees, trustees, officers, representatives and other authorized agents.

In signing this form, I affirm that I have thoroughly read the form in its entirety and I fully understand its contents. I understand that this form contains a release of liability. I further understand that by signing this form, I am waiving certain Claims that I, my minor child(ren) or my heirs and legal representatives may have to bring a legal action or assert a Claim against FTH and/or HPP, and their respective affiliates, employees, trustees, officers, representatives and other authorized agents.

I understand that my image may be used in photos and videos promoting HHP's work. If you do not want HHP to use your image, please tell a Staff person and they will take the appropriate steps.

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By Checking this Box, the Participant is in Full Agreement with the Above Terms and Conditions.



Name of Participant Parent /Legal Guardian:

First Name:

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Last Name:

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Email:

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Phone:

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Street Address:

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City:

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State:

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ZIP:

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Name/s of Minors Participating:

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