



Shalom Farms Volunteer Waiver

If Volunteer is **age 18 or older**, check here and provide:

Volunteer's Name: _____

Email Address: _____

Phone Number: _____

Address: _____

Emergency Contact's Name: _____

Relationship to Volunteer: _____

Phone Number: _____

Any allergies/other relevant medical information: _____

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If Volunteer is **under age 18**, check here and provide:

**Volunteer's Name:** \_\_\_\_\_

**Parent's or Legal Guardian's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

**This information will be used as Volunteer's emergency contact.**

Any allergies and other relevant medical information: \_\_\_\_\_

**VOLUNTEER MUST COMPLETE THIS INFORMATION FORM  
AND SIGN THE WAIVER AND RELEASE OF LIABILITY(next page)  
VOLUNTEER'S PARENT/LEGAL GUARDIAN'S SIGNATURE IS REQUIRED  
IF VOLUNTEER IS UNDER AGE 18**

**WAIVER AND RELEASE OF LIABILITY**

**Please read carefully. This is a legal document.**

*Shalom Farms, Inc., a nonprofit organization (“Shalom Farms”), values the life and experiences of everyone who volunteers, visits, or works at our farms. Everyone has inherent worth, is constantly learning and growing, and has something to offer. We uphold this value by having zero tolerance for violence of any kind and expecting everyone to respect each other’s ideas and personal boundaries.*

The undersigned individual (hereafter referred to using “I”, “me”, “my”, “myself”, or “Volunteer”) wishes to work as a volunteer at farm space operated by Shalom Farms. I (and my Parent/Legal Guardian, if I am under age 18) understand that volunteering for Shalom Farms will include performing physical labor, walking on uneven, unpaved terrain that may be wet or muddy, moving through tall grass and densely planted areas, handling food products, working with various tools and equipment, planting and harvesting crops, weeding and preparing the fields, and participating in other tasks and activities incidental or related to the work of Shalom Farms (the “Volunteer Activities”). I acknowledge that participation in the Volunteer Activities involves certain risks, including, but not limited to, risk of serious injury and death, and that I am voluntarily participating in the Volunteer Activities with full knowledge of the potential dangers involved. I understand that I will be trained in proper and hygienic harvesting and packing procedures, and I agree always to abide by these procedures when participating in Volunteer Activities..

On behalf of myself and my family, guardians, estate, beneficiaries, heirs, personal representatives, successors, and assigns, I (and my Parent/Legal Guardian if I am under age 18) hereby release, discharge and forever hold harmless Shalom Farms and its directors, officers, and employees (collectively, the “Organization”) from all present and future claims or demands for property damage, personal injury, wrongful death and any other liability of whatever kind that may arise in connection with my participation in the Volunteer Activities. I also agree to indemnify, defend, and hold harmless the Organization from and against all claims arising out of or relating to my participation in the Volunteer Activities. I acknowledge and agree that the Organization is not responsible for any injury or damage arising out of the Volunteer Activities, including any injury or damage alleged to have arisen out of negligence of the Organization.

I have disclosed any and all allergies and other relevant medical conditions to the Organization on the Volunteer Information Form. I agree that the Organization is not responsible for administering medical treatment of any kind.

I hereby irrevocably grant and assign to the Organization all right, title and interest in and to any and all photographic images and audio or video recordings of me made by the Organization or others during the Volunteer Activities.

I understand that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that it will be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia. I agree that if any portion of this Waiver and Release of Liability is invalid, the remainder will continue in full legal force and effect.

I am Volunteer (or the Parent/Legal Guardian of Volunteer), I am age 18 or older, and I have read and understand this document. I am freely and voluntarily, and without any pressure or duress, signing this Waiver and Release of Liability.

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**(Print Name of Volunteer)** Date

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**(Print Name of Parent/Legal Guardian if Volunteer is Under Age 18)** Date

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**(Signature of Volunteer or Parent/Legal Guardian if Volunteer is Under Age 18)** Date