

VOLUNTEER RELEASE FORM



The Kenny Family Foundation • 501 South Walnut Street • Wilmington, DE 19801

This release **MUST** be completed, signed, and turned into the Volunteer Lead prior to check-in to **VOLUNTEER** as a **KFFDElegate**. Paperwork will be noted and kept on file. Thank you for your continued support, we appreciate you!

Please Print Legibly

Participant's Name

Street Address

State

Zip

Phone

Email

Emergency Contact Name

Emergency Contact Phone

Relationship

Vital Medical Information (allergy, diabetic, etc.)

I waive, release and hold harmless Delaware Supermarkets Inc. (DBA: The Kenny Family ShopRites of Delaware), The Kenny Family Foundation, from all claims, rights, and causes of action accruing in my favor as a result of participating in the activities related to my time and actions volunteering for this organization, located at the above specified location. I understand the normal risk associated with the volunteer activity described and I have accepted and I agree to participate in the activity. I understand that said agencies are not responsible for any outside activity involving transportation, negotiation, interaction, or correspondence outside or inside the event grounds as a Volunteer representative. I agree to allow The Kenny Family ShopRites of Delaware, The Kenny Foundation or representatives of aforementioned to photograph and videotape for advertising and publicity purposes and I waive all claims for any compensation for such use or for damages. I will not capture or use any photographs or video for publicity purposes. I further agree that no suit or action at law shall be instituted for the above reasons by others or me in my behalf.

Participant Signature

Date