## **Emergency Food Delivery Waiver**

## **Recipient Information**

| Full Name   |
|---|
|   |
| Address   |
|   |
|   |
| Phone Number  |
|   |
| Email   |
|   |
|   |
| Waiver & Release of Liability   |
| I understand that by accepting emergency food delivery from [Organization Name], I acknowledge and accept any risk of illness or injury that may occur related to the handling, preparation, transportation, or consumption of provided food items. |
| I agree to release and hold harmless [Organization Name], its volunteers, and partners from any liability for harm, injury, or illness that may arise from my participation in this program.  |
| Date  |
|   |
| Signature   |
|   |
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|   |
| Additional Notes  |
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