



SHARE OUR STRENGTH'S  
**COOKING  
 MATTERS**  
 NO KID HUNGRY

## Share Our Strength's Cooking Matters Volunteer Waiver and Release



Please read, and if you agree to the statement, please initial each line and sign and date at the bottom of the page.

### **Participation Waiver**

**Liability Waiver:** I want to volunteer for Cooking Matters and recognize that doing so could present potential cooking hazards including but not limited to: cuts, burns, slips, falls, allergic reactions and other injuries as a result of activities, products and equipment used. I release Share Our Strength, **Oregon Food Bank** its agents, representatives, employees, other volunteers and any sponsors of Cooking Matters from any and all damages, causes of action, claims and liability that might arise from my participation in Cooking Matters.

**Information Waiver:** I understand that any information I choose to provide Share Our Strength before, during, or after my participation will be held in strict confidence, and I agree that Share Our Strength may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, communication and publication.

**Initials** \_\_\_\_\_

### **Limited Use of Intellectual Property**

Share Our Strength owns the intellectual property rights in the Cooking Matters trademark, curricula and printed materials. Share Our Strength hereby grants to the volunteer a limited right to use the Cooking Matters curricula and printed materials solely in connection with the Cooking Matters program. I understand that these materials are to be used within the context of this course only. I further understand that use of these materials in another setting is not permitted without prior written permission from Share Our Strength.

**Initials** \_\_\_\_\_

### **Media Release**

I consent to and allow any use and reproduction by Share Our Strength and **Oregon Food Bank** of any and all photographs or videotapes taken of me during my participation in Cooking Matters. I understand that Share Our Strength and **Oregon Food Bank** will own the photographs and videotape and the right to use or reproduce such photographs and videotape in any media, as well as the right to edit them or prepare derivative works for the purposes of promotion, advertising, and public relations. I hereby consent to Share Our Strength's and **Oregon Food Bank's** use of my name, likeness or voice, and I agree that such use will not result in any liability for payment to any person or organization, including myself.

**Initials** \_\_\_\_\_ I further acknowledge that I am at least 18 years of age.

### **Contact Information Release**

I would like to receive recognition gifts from the Cooking Matters National Office after completing 1, 3, 5, 10 and 15 course series and thereby release my personal contact information for that sole purpose.

**Initials** \_\_\_\_\_

Email address: \_\_\_\_\_

FULL MAILING ADDRESS:

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\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (please print)