

Hamilton County Harvest Food Bank Inc.

1605 N. 10th Street, Noblesville, Indiana 46060

Release and Indemnification Form

***insert pantry name here**

* _____ will select and carefully and completely inspect all groceries received by it from Hamilton County Harvest Food Bank Inc. before using the groceries. * _____ releases Hamilton County Harvest Food Bank Inc, and each original donor of Groceries from any liability resulting from the condition of any donated groceries. * _____ indemnifies, and will defend and hold harmless, Hamilton County Harvest Food Bank Inc. and each original donor of Groceries, and any parent, subsidiary, or affiliate thereof, and all directors, officers, employees, agents, representatives, consultants, and advisors of each of the foregoing (the "indemnified parties") from and against all demands, claims, actions or causes of action, assessments, losses, damages, liabilities (whether absolute, accrued, contingent or otherwise), costs, and expenses asserted against or incurred by any indemnified party directly or indirectly, by reason of or resulting from or relating to any product obtained from Hamilton County Harvest Food Bank Inc. by the * _____ under this agreement. The Bill Emerson Good Samaritan Food Donation Act of 1996 establishes a uniform national law to protect organizations and individuals while donating food in good faith.

This agreement stays in effect unless rescinded by the pantry's representative in writing.

Signed _____ Pantry Representative

Pantry Representative Title: _____ Date: _____

Received by: _____ Date: _____

(HCHFB Representative)