



2205 S Artesia St.
San Bernardino, CA 92408
796-4222
www.helpinghandspantry.org

Student Assistance Program

School/Program _____ Expected Graduation _____

Address _____ Unit# _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

List everyone living at the above address starting with you. Note if they do not need assistance (use back of form if needed)

First Name	Last Name	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Weekly Delivery Day is Friday (If on-Campus housing bags will be dropped off at front desk before noon)

Any week that you do not need the bag of food (out of town etc.) email us at SFAP@HelpingHandsPantry.org

Occasionally we receive non-food items. Please answer the following as accurately as possible and when these situations occur we will contact you with how you can receive these goods.

Do you have a need for:

- Infant products (diapers, baby food etc) size etc _____
- Feminine hygiene (specify preference) _____
- Personal hygiene items (soap, toothpaste etc.) _____
- Pet Food (number and type of pets) _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ have voluntarily agreed to receive goods and services provided by HELP FOR THE HURTING, INC., dba HELPING HANDS PANTRY (hereinafter HELPING HANDS) and I understand that some or all of the food I may receive is salvage

food or may be beyond the expiration date. I understand that it is my sole responsibility to ensure that the food I receive from HELPING HANDS is fit for human consumption. In exchange for receipt of goods and services at no cost or a reduced cost, I hereby forever release HELPING HANDS and its officers, directors, employees, or volunteers from any action, demand, claim, cause of action, for bodily injury, personal injury, death, property damage, damage of any kind, whether at law or in equity or known or unknown claims, which has or might have been caused by any good or service received from HELPING HANDS and its officers, directors, employees, or volunteers. This release includes any negligent act or omission whether active or passive on the part of HELPING HANDS and its officers, directors, employees, or volunteers whether on or off the premises of HELPING HANDS.

I understand that during my participation in and association with HELPING HANDS, I may be photographed, videotaped, voice-recorded or other electronic documentation. In exchange for free goods and services as good consideration, I agree to allow my photograph, video, or likeness whether visual or audio, to be used for any legitimate purpose by HELPING HANDS, its officers, directors, employees or volunteers. Legitimate purposes for use of my photograph, image, voice recording or other electronic documentation include, but are not limited to, promotional materials, electronic presentations, bulletin boards, Powerpoint presentations, name tags, press articles, press stories, publications or other use at the sole discretion of HELPING HANDS, its officers, directors, employees or volunteers.

I hereby waive my rights pursuant to California Civil Code Section 1542, which provides as follows:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.” California Civil Code, Section 1542.

This release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print recipient's name, age, telephone number, signature, and date.

Print recipient's name _____

Age _____ Telephone Number _____

Signature of recipient _____

Date _____

Turn the original in to CAPS, Helping Hands Pantry, ACTS

Or

Call 796-4222 to let us know it is complete and give the original to the delivery person on the Friday that we make the first delivery

Or

email: SFAP@helpinghandspantry.org