



YMCA Pantry Pack Program

Name of YMCA Branch: _____

Contact: _____

Participant(s) Information:

Please complete the required information for each student in the family that is being enrolled in the program *at this site*:

First Name	Last Name	Race		Grade

Family Information:

Please complete the required information for the family:

Head of Household (First name, Last Name)	How many in your household?
Street Address	City, State, Zip Code

Waiver/Release:

Please complete the required information for the family:

_____, its successors and assigns, hereby agrees to save and hold harmless
Head of Household
the Food Bank of Northwest Indiana, any of its departments, agencies, officers, or employees, all of whom while working within their respective authority, from all cost, injury, and damage incurred by any of the above, and from any other injury or damage to any person or property whatsoever, any of which is caused by an activity, condition or event arising out of the participation of my children enrolled in the Pantry Pack program.

Parent Signature: _____

Name of YMCA Branch: _____

Date: ____/____/____