

Good Nutrition Mission Food Pantry

I, _____, understand that the “**Good Nutrition Mission Food Pantry**” is a service sponsored by The Student Dietetic Association that exists to provide food assistance to Louisiana Tech University students and their families who really need help. By accessing help from the pantry I affirm that my household genuinely needs food assistance.”

I also understand the Food Pantry staff will protect my personal information closely so no one will be able to connect my responses and any other information that identifies me. The information in this program will be used only for reporting purposes and in ways that will not reveal who I am.

In addition, I hereby release The Student Dietetic Association, and their respective officers, employees, agents, or representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or part, including attorney fees, for participation in the “**Good Nutrition Mission Food Pantry**”.

I, the undersigned, am at least eighteen (18) years of age and have read this release form and understand all its terms. If I, the undersigned, am under the age of eighteen (18) years, in addition to my signature, my parent or legal guardian also shall state their having read, signed and understand this release form and all its terms.

Client Name: _____
(print name)

Date: _____

CWID#: _____

E-Mail: _____

Client Signature: _____

Date: _____

Parent or Guardian: _____
(only if less than 18)

Date: _____