



# God's Pantry Food Bank

1685 Jaggie Fox Way  
Lexington, KY 40511-1084  
Tel (859) 255-6592  
Fax (859) 254-6330  
www.godspantry.org



## FOOD RECEIPT FORM

The undersigned authorized agents representing \_\_\_\_\_  
(Type/Print Name of Organization)

(hereafter "the Agency"), hereby warrant that during active membership, the Agency will receive assorted food and non-food products from God's Pantry Food Bank, Inc. Said agents further warrant that the above described products will be duly inspected upon delivery by the Agency and verified as fit for human consumption and/or use before distribution. It is further agreed between God's Pantry Food Bank, Inc., and \_\_\_\_\_ that:  
(Type/Print Name of Organization)

1. The food and non-food products are accepted by the Agency "as is."
2. God's Pantry Food Bank, Inc. and the original donor expressly disclaim any implied warranties of merchantability or fitness for a particular use.
3. There have been no express warranties made to the Agency in relation to this gift of product.
4. The Agency will utilize employees or volunteers having sufficient training, experience and expertise in evaluation, handling, preparation, feeding and use of donated items to safely and properly judge, handle, prepare and feed them.
5. The Agency releases both the original donor and God's Pantry Food Bank, Inc. from any liability resulting from the conditions of the donated food/non-food and further agrees to indemnify and hold God's Pantry Food Bank, Inc. and the original donor free and harmless against all and any liabilities, damages, losses, claims, causes of action and suits of law or inequity or any obligation whatsoever arising out of or attributed to any action of the Agency or any personnel employed by the Agency in connection with its storage and use of the donated product. This protection is covered under KRS - Chap. 413, Section 2 (123) and Section 3, an act passed by the General Assembly in 1982.
6. The Agency will not sell, barter or trade said food/non-food product.

Agency Director \_\_\_\_\_  
Signature Date

Board Chairperson \_\_\_\_\_  
Signature Date

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) -

Email \_\_\_\_\_