



Project # _____
Team # _____

Day of Caring

Saturday September 26, 2009

VOLUNTEER RELEASE/CONSENT FORM

A release must be completed by each volunteer and returned to United Way office or team leader. Please print.

VOLUNTEER NAME: _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ PHONE _____

LIABILITY RELEASE: I hereby release, indemnify and hold harmless the United Way of Mower County, and its officers, directors and employees, and the organizer, sponsors and supervisors of all 2009 Day of Caring activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with the 2009 Day of Caring event on Saturday Sept 26, 2009. To the extent not insured, I likewise release and hold harmless from liability any person transporting me to or from the 2009 Day of Caring activities.

Signature: _____ Date _____

COMMUNICATIONS RELEASE: I hereby give the United Way of Mower County, to their nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements taken on the day, Saturday Sept 26, 2009 and to disseminate statements referring to me in conjunction therewith if the United Way of Mower County so desires and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of the United Way of Mower County and any of its fund campaigns or any of its activities.

Signature: _____ Date _____

PARENTAL RELEASE: If the individual is a minor, the following should be signed by a parent or legal guardian	
I hereby consent and agree, individually, and as a parent or legal guardian of _____	
Signature: _____	Date _____
Name _____	
Address _____	Relationship to Minor _____