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| Project # _____ |
| Team # _____ |

Day of Caring

Saturday September 17, 2011

VOLUNTEER RELEASE/CONSENT FORM

A release must be completed by every volunteer and returned to United Way office by Sept 9, 2011. Please print.

VOLUNTEER NAME: _____

EMPLOYER (IF HAVE) _____

ADDRESS _____

CITY _____ PHONE _____

EMERGENCY CONTACT _____ CELL PHONE _____
(For use on Day of Caring only)

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 2011 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 2011 Day of Caring event on Saturday Sept 17, 2011. To the extent not insured, I likewise release and hold harmless from liability any person transporting me to or from the 2011 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 futherance of its work, with or without identification of me by name, the photographs, videos, or statements taken on the day, Saturday Sept 17, 2011 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 _____

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| PARENTAL RELEASE: If the individual is a minor, the following must 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 _____ |