

Day of Caring

September 11, 2019

Volunteer Assumption of Risk Form

(All participants must sign a copy of this form before being allowed to participate).

(Students under the age of 18 are required to have parent signature)

LIABILITY DISCLAIMER: In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during my voluntary participation in the 2018 Day of Caring activities. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in this event, including, but not limited to, illness, traveling to and from the event, and the effects of the weather, all such risks being understood and appreciated by me.

COMMUNICATIONS RELEASE: I hereby assign the rights for the video and /or photographic recording(s) made of me on Wednesday, September 11, 2019 participating in volunteer activity by United Way or its agencies. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and or nonprofit use and distribution of said recordings for purposes deemed suitable by United Way.

I hereby waive any right to approve the finished products.

I certify that I am over eighteen years of age and am competent to enter this release.

I have read the foregoing releases, authorizations, and agreements, before affixing my signature below and warrant that I fully understand their contents.

Student Signature_		Date	
Student Name (plea	ase print):		
High School you At	tend:		
Parent Signature (If	f student under 18):		
Parent Name (pleas	se print):		
Phone:	E: Mail		

DAY OF CARING SHIRT SIZE: S M L XL 2XL (PLEASE CIRCLE CORRECT SIZE)

Please return to: United Way of Cowlitz and Wahkiakum Counties 1338 Commerce Ave., Suite 206, Longview, WA 98632

<u>bfisher@cowlitzunitedway.org</u> (E-mail)
Questions, please call: 360-423-5320