**September 14, 2023**

**Student/Youth 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 their parent's signature)**

**LIABILITY DISCLAIMER**:  By the spirit of volunteerism and service, I, the undersigned, assume complete responsibility for any injury or accident that may occur to me during my voluntary participation in the 2024 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 are understood and appreciated by me.

**COMMUNICATIONS RELEASE**: I hereby assign the rights for the video and /or photographic recording(s) made of me on Thursday, September 12, 2024, 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 warranting that I fully understand their contents.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School you Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (If student under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E: Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAY OF CARING SHIRT SIZE:        S     M    L   XL   2XL**

**(PLEASE CIRCLE CORRECT SIZE)**   
**Will only receive a t-shirt if United Way receives this form and t-shirt size by August 9, 2024**

**Please return to:**

United Way of Cowlitz and Wahkiakum Counties

PO Box 1336, Longview, WA  98632

[aheinlen@cowlitzunitedway.org](mailto:aheinlen@cowlitzunitedway.org) (E-mail)

Questions, please call: 360-423-5320