



DAY OF CARING MINOR VOLUNTEER RELEASE FORM

All United Way Day of Caring participants must sign this release form prior to participating in United Way Day of Caring activities.

Register early to guarantee your t-shirt size is ordered.

First Name _____ Last Name _____

Organization Representing _____

Contact Phone Number _____ Email Address _____

Team Name or Team Captain (if already established): _____

T-Shirt Size YS YM YL S M L XL XXL

Availability: 8am – 12 noon 12 noon – 5pm All Day 8am – 5pm

Do you want lunch provided? * Yes No

In consideration of the opportunity to participate in United Way Day of Caring activities, I hereby agree to waive all rights to pursue any claims, lawsuits or legal actions of any type against United Way of Carlsbad and South Eddy County and/or its officers, employees, agents, board members, volunteers, event sponsors and all other persons working with respect to United Way Day of Caring for minor child. I expressly release and discharge said parties from any and all responsibility and liability for injuries, harm, losses or damages of any type to minor or property that minor may sustain while participating in any manner in United Way Day of Caring activities. Even if such injuries harm, losses or damages are caused, in whole or in part, by its employees, officers, board members, volunteers, event sponsors and all other persons working with respect to United Way Day of Caring.

List any physical limitations minor has that would affect his/her ability to participate in United Way Day of Caring:

I understand any bug bites, injuries or other personal injury to minor caused as a result of his/her volunteering on this Day of Caring are to be reported immediately to the Project Coordinator at the project location who will then notify the United Way of Carlsbad and South Eddy County Executive Director.

PHOTO/VIDEO RELEASE

I hereby assign the rights to interview transcripts, video recordings and/or photographic recordings made of minor by United Way or its agency/agencies to United Way.

I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said transcripts, recordings and/or photographs for purposes deemed suitable by United Way. Such promotion includes, but is not limited to, publication of said transcripts, recordings and/or photographs in newspapers, newsletters, billboards, television, radio, vehicle, brochures, emails, websites and other forms of promotion.

I understand that by my signature, I also waive all rights to compensation for the use of all said materials.

I hereby waive any right to approve the finished products. Images of minor and statements referring to minor may be used with or without identifying me.

By signing below, I state further that I have read the above release, prior to its execution, that I am fully familiar with the contents thereof, and that I am in full agreement to its terms.

Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____ Date _____



2019 United Way Day of Caring is proudly presented by

