# 2007 Days of Caring Volunteer Waiver

United Way of Snohomish County

**Organization Name:** **Project Name:** **Date:**

**Liability Release –** I hereby release, indemnify and hold harmless United Way of Snohomish County, the organizers, the agency at which I volunteer, and sponsors and supervisors of all activities, from any and all liability in connection with any injury (including any injury caused by negligence) in conjunction with 2007 Days of Caring. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

**Communications Release –** I hereby assign the rights to the video and/or photographic recording(s) made of me during Days of Caring to United Way of Snohomish County or its agency(s). I hereby authorize the editing, duplications, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for purposes deemed suitable by United Way. I hereby waive any right to approve the finished products.

I have read the foregoing release, authorization and agreement, and I fully understand the contents. I also certify that I am over 18 years of age, in good health and able to participate in the program activities on Days of Caring. (If under 18, additional Parental Consent form required)

| Name | Company | Email | Signature | Date |
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