



# 2007 Days of Caring

## Volunteer Individual Liability Waiver

An individual or group waiver must be signed by each participant prior to beginning any Days of Caring project.

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Please print.)

Company \_\_\_\_\_ Day Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_

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

**Communications Release** – I hereby assign the rights to the video and/or photographic recording(s) made of me on 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 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. I have read the foregoing release, authorization and agreement, and I fully understand the contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |                             |
|---|-----------------------------|
| <b>Parental Consent/Release</b> – If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian. |                             |
| I hereby consent and agree, as a parent or legal guardian of the individual above, to all the terms and provisions as stated.                         |                             |
| Signature _____   | Date _____                  |
| Name (please print) _____   | Relationship to minor _____ |
| Address _____   | City _____ Zip _____        |
| Day Phone (____) _____  | Other Phone (____) _____    |