# LIVE UNITED DAY OF CARING

# Thursday, September 16, 2021



## Volunteer Release Form

Organization/Company:
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 Greater Ottawa County United Way and/or their officers, employees, agents, board
members, volunteers, event sponsors and all other persons working with respect to United Way Day of Caring. I expressly release and

discharge said parties from any and all responsibility and liability for injuries, harm, loss, or damages of any type to my person or prop-

I hereby warrant that I am at least eighteen years old and have every right to contract in my own name in the above regard. I will notify the project coordinator at my project site if I have any physical limitations that would affect my ability to participate in United Way Day of Caring. 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.

#### Photo/video release

- I hereby assign the rights to interview transcripts, video recordings and/or photographic recordings made of me 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.

erty that I may sustain while participating in any manner in United Way Day of Caring activities.

• I hereby waive any right to approve the finished products. My image and statements referring to me may be used with or without identifying me.

### Every United Way Day of Caring participant must complete the following information prior to starting their project:

Name	Signature	Email or Phone

#### Thank you for making United Way Day of Caring a success!