

UNITED WAY OF WELD COUNTY'S
DAY OF CARING
SEPTEMBER 11

HONORING THE NATIONAL DAY OF SERVICE AND REMEMBRANCE

**2010 VOLUNTEER
RELEASE/CONSENT FORM** (copy as needed)

NOTE: A Volunteer Release/Consent Form must be completed by each volunteer and returned to United Way of Weld County's office. Please print clearly.

Project Assigned (if known)

Volunteer Name: _____

Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone: _____

Emergency Contact: _____ Phone: _____

LIABILITY RELEASE – I hereby release, indemnify and hold harmless United Way of Weld County officers, directors and employees, and the organizers, sponsors and supervisors of all 2010 Day of Caring activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with the 2010 Day of Caring events on Friday, September 10, and Saturday, September 11, 2010; To the extent not insured, I likewise release and hold harmless from liability any person transporting me to or from the 2010 Day of Daring activities.

COMMUNICATIONS RELEASE – I hereby give to United Way of Weld County and their nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements taken on these days, Friday, September 10, and Saturday, September 11, 2010 and to disseminate statements referring to me in conjunction therewith if United Way of Weld County so desires and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of United Way of Weld County and any of its fund campaigns or any of its activities.

Volunteer Signature : _____

<p>Parental Consent/Release - If the individual is a minor, (under 18 years of age), the following must be signed by a parent or legal guardian.</p> <p>I hereby consent and agree, individually, and as a parent or legal guardian of _____ to all the terms and provisions above.</p> <p>Parent/Guardian signature: _____</p> <p>Name (please print) _____</p> <p>Address: _____</p> <p>Relationship to minor: _____ Date: _____</p>

Return this form by 4 pm on September 3, 2010

Attn: Sandi Meier

United Way of Weld County, 814 9th Street, P.O. Box 1944, Greeley, CO 80632

Phone: 970-304-6192 Fax: 970-353-4738 E-mail: sandi@unitedway-weld.org

EVERYBODY CAN BE GREAT, BECAUSE EVERYBODY CAN SERVE

