THANK YOU FOR PARTICIPATING IN UNITED WAY OF SOUTHWEST ALABAMA DAY OF CARING!

2012 DAY OF CARING 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.

Organization/Company: _____ Date _____

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 Southwest Alabama 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, losses or damages of any type to my person or property that I 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*.

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.

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 INFORMATION BELOW PRIOR TO BEGINNING THEIR PROJECT

Name	Signature	Name	Signature

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

-- ATTENTION ORGANIZATION COORDINATOR –

CONFIDENTIALITY: All Volunteer Release Forms must be retained on file and shall not be copied for internal use.