LIVE UNITED DAY OF CARING

Thursday, September 30, 2021

Allegan County United Way and Volunteer Center

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

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 following information prior to starting their project:

Name	Signature	Email or Phone

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

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