

Volunteer Release of Liability Waiver

United Way of DeKalb County

208 South Jackson, PO Box 307, Auburn, IN, 46706

United Way's vision is to enable people to work together creating a thriving and vibrant community for all.

United Way's mission is to fight for health, education, and financial stability for every person in our community.

MAKE ENOUGH COPIES OF THE WAIVER FORM FOR EACH VOLUNTEER OR GUARDIAN TO SIGN. RETURN ALL OF THE FORMS TO UNITED WAY BY FRIDAY JUNE 14TH, 5:00pm

I hereby acknowledge that participation in Day of Caring is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of your acceptance of this entry, I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE and DISCHARGE UNITED WAY OF DEKALB COUNTY, INC. (INDIANA), its agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

I understand that United Way of DeKalb County, Inc. is not responsible for any of my own personal property that is lost, stolen or damaged during my participation in Day of Caring.

I hereby consent to and authorize the use or reproduction by the UNITED WAY OF DEKALB COUNTY, INC. of any and all photographs taken this day for the purpose of promotion, without compensation to me.

I hereby certify that I am 18 years of age or older.

If participant is under age 18, parent or guardian must sign.

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM BEFORE THEY ARE ALLOWED TO PARTICIPATE:

Printed Name _____ Date _____

Signature _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

Company/Organization You Represent _____

Team Leader (crew chief)/Individual Signature _____

If participant is under age 18, parent or guardian must sign below:

Parent/Guardian Signature _____ Date _____



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