

United Way of Moore County

VOLUNTEER Liability Waiver & Photo Release Form

1. I acknowledge that participation in the "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. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, known and unknown, associated with my voluntary participation in this event, even if arising from the negligence of United Way of Moore County, Texas, other United Way and United Funds in Texas, their agencies, nonprofits and sites where you volunteer, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns and (the "Releasees") or others. In addition, I covenant not to sue and hereby WAIVE, RELEASE and DISCHARGE the Releasees from ANY AND ALL 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. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest event worker as soon as possible.

2. I hereby consent to and authorize the use or reproduction by UNITED WAY OF MOORE COUNTY, INC. AND OTHER UNITED WAY AND UNITED FUNDS IN TEXAS and the Releases, and/or agents authorized by them, of any and all photographs, video reproductions, motion pictures, or other record taken this day, including without limitation pictures and sound of myself alone or with others, for any reasonable purpose, without compensation to me.

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

I have read this liability waiver and photo release form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Printed Name of Volunteer: _____ Signature of Volunteer : _____

If not age of 18, Printed Name of Volunteer's Parent or Legal Guardian: _____

If not 18, Signature of Parent or Legal Guardian: _____

Date: _____ Your Cell Phone: _____

Team Leader Name: _____

Adult T-Shirt Size S M L XL 2XL 3XL 4XL

Circle one