



UNITED WAY OF ABILENE
2010 Day of Caring (DoC)
September 8, 2010

VOLUNTEER RELEASE CONSENT FORM

Please copy as needed

NOTE: A release must be completed by each volunteer and returned to the United Way of Abilene office by the Team Leader. Please print clearly.

Volunteer Name: \_\_\_\_\_

Organization/Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

LIABILITY RELEASE - I hereby release, indemnify and hold harmless United Way of Abilene officers, directors and employees, and the organizers, sponsors and supervisors of all 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 Day of Caring event; to the extent not insured, I likewise release and hold harmless from liability any person transporting me to or from the Day of Daring activities.

COMMUNICATIONS RELEASE - I hereby give to United Way of Abilene and their agents, 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 this Day of Caring and to disseminate statements referring to me in conjunction therewith if United Way of Abilene 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 Abilene and any of its activities.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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. I hereby consent and agree, individually, and as a parent or legal guardian of to all the terms and provisions above. Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name (please print) \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

United Way of Abilene: 240 Cypress Street, PO Box 82, Abilene, TX 79604 Phone: 325-677-1841 Fax: 325-677-1847 E-mail: office@unitedwayabilene.org

FOR OFFICE USE ONLY: ROSTER POSTED: \_\_\_\_\_

GIVE. ADVOCATE. VOLUNTEER.