



# Day of Caring

September 11, 2019

## Volunteer Assumption of Risk Form

**(All participants must sign a copy of this form before being allowed to participate).**

**LIABILITY DISCLAIMER:** In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during my voluntary participation in the 2019 Day of Caring activities. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in this event, including, but not limited to, illness, traveling to and from the event, and the effects of the weather, all such risks being understood and appreciated by me.

**COMMUNICATIONS RELEASE:** I hereby assign the rights for the video and /or photographic recording(s) made of me on Wednesday, September 11, 2019 participating in volunteer activity by United Way or its agencies. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and or nonprofit use and distribution of said recordings for purposes deemed suitable by United Way.

I hereby waive any right to approve the finished products.

I certify that I am over eighteen years of age and am competent to enter into this release.

I have read the foregoing releases, authorizations, and agreements, before affixing my signature below and warrant that I fully understand their contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E:Mail \_\_\_\_\_

**DAY OF CARING SHIRT SIZE:**      **S   M   L   XL   2XL**  
(PLEASE CIRCLE CORRECT SIZE)

**Please return to:** United Way of Cowlitz and Wahkiakum Counties  
1338 Commerce Ave., Suite 206, Longview, WA 98632  
Or e-mail to [bfisher@cowlitzunitedway.org](mailto:bfisher@cowlitzunitedway.org)  
For questions call: 360-423-5320