

## DAY OF ACTION VOLUNTEER RELEASE FORM

*A release form is needed for each volunteer*

Company/Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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LIABILITY RELEASE - I hereby release, indemnify, and hold harmless Susquehanna Valley United Way, the organizers, the agency at which I volunteer and sponsors and supervisors of all activities, from any and all liability in connection with any injury (including any injury caused by negligence) in conjunction with Day of Action, Friday, April 21, 2023. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

I also certify that I am in good health and able to participate in the program activities on April 21, 2023. I certify that I am over eighteen years of age and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization, and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

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

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COMMUNICATIONS RELEASE - I hereby assign the rights to the video and/or photographic recording(s) made of me on Friday, April 21st by Susquehanna Valley United Way or its agency(s), hereafter referred to as United Way, to said United Way. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast, and/or nonprofit use and distribution of said recording(s) for purposes deemed suitable by United Way.

I hereby waive any right to approve the finished products. I hereby certify that I am over eighteen years of age and am competent to contract my own name insofar as the above is concerned.

I have read the foregoing release, authorization, and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

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

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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.

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

Name (please print) \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_