

# Day of Caring 2010 Individual Participant Release Form

**A release form is needed for each participant**  
(Note: Please use this form as a master to make additional copies.)

**Release forms are due on T-SHIRT pick up dates: Sept. 8 or 9**  
(Wednesday, Sept. 8<sup>th</sup> 12-6 p.m.; Thursday, Sept. 9<sup>th</sup> 8:30-1p.m.)

COMPANY \_\_\_\_\_

Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

**Liability Release** – I hereby release, indemnify and hold harmless United Way of Yellowstone County, the organizers, the agency at which I work/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 Caring 2010 and the Campaign Kickoff on Thursday, Sept. 16, 2010. 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 September 16, 2010. I certify that I am over 18 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 \_\_\_\_\_

**Communications Release** – I hereby assign the rights to the video and/or photographic recording(s) made of me on Thursday, September 16, 2010 to United Way of Yellowstone County or its agency(s), hereafter referred to as United Way. I hereby authorize the editing, duplications, reproduction, copyright, exhibition, broadcast and/or non-profit 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 18 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 \_\_\_\_\_

<b>Parental Consent/Release</b> – If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian. I hereby consent and agree, individually as a parent or legal guardian of, to all the terms and provisions above.	
Signature _____	Date _____
Name (please print) _____	Relationship to minor _____
Address _____	City _____ ZIP _____
Day Phone (____) _____	Other Phone (____) _____