

United Way of Posey County



2023 Day of Caring

Contact Information:

Volunteer Name: _____
Phone Number: _____
Email: _____
Company: _____

YOU WILL RECEIVE A T-SHIRT FOR VOLUNTEERING. CIRCLE SIZE BELOW:

SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE

Special Skills:

Please list any special skills you are willing to share, such as computer skills, carpentry, electric, plumbing, or other construction

- 1.
- 2.
- 3.

PARTICIPANT WAIVER OF LIABILITY, INDEMNITY & RELEASE AGREEMENT

Release of Liability and Photo Authorization and Release:

I affirm that I am the person as stated in the form above and am 18 years of age or older. I do hereby release from liability any person's volunteering/working on projects, owners of property, the city, county, state, and any person associated with the United Way of Posey County's Day of Caring. In the response should something happen to me while volunteering.

I hereby authorize and consent that United Way of Posey County Indiana shall have absolute right to publish, use or sell any and all photographic portraits, television spots, or videotapes they have taken of me on September 22, 2023. I hereby waive all claims for any compensation. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard.

(Signature of Participant)

(Date)

(Company)