

# United Way of Scott County's 2008 Day of Caring

## Waiver and Release Form

I hereby acknowledge that participation in Day of Caring is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant not to sue and hereby WAIVE, RELEASE and DISCHARGE the United Way of Scott County, and those agencies participating in this event, workers, officials, volunteers and their representatives, successors, agents, employees and assigns from ANY AND ALL CLAIMS, LIABILITIES, DEBTS AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in or return from this event.

I hereby consent and authorize the use of the reproduction by United Way of Scott County and any and all photographs taken this day for the purpose of promotion, without compensation to me. I hereby certify that I am 18 years of age or older.

*If participant is under 18, parent or guardian must sign.*

### **ALL PARTICIPANTS MUST SIGN BELOW**

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

Name (Please Print): \_\_\_\_\_

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

Address (include city): \_\_\_\_\_

Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

List project of interest (example: construction, landscaping, washing house)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_