

# United Way of Richland County



## Liability / Photo Release Form

Unfortunately, accidents sometimes happen. In order to help protect your company and employees, we require that each of your employees participating in **Day of Caring 2010** complete and return a volunteer liability release form. **Please make copies of this page and distribute it to those who will be helping out during Day of Caring 2010. Please send completed forms to United Way of Richland County, attn: Ken Estep, 35 North Park Street, Mansfield, OH 44902, or fax to 419-524-3467.**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone Work Phone \_\_\_\_\_

I hereby release, indemnify, and hold harmless United Way of Richland County, the organizers, sponsors, agency partners and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with Day of Caring 2010 held on August 11, 2010.

In addition, I agree to permit photographs, video or digital tapes, movies and/or sound recordings of myself (or my child) for the purpose of television, radio, newspaper or outdoor advertising, billboards, bus covers, videos, printed materials, internet and/or news stories. I understand that I (or my child) will not receive payment for these pictures and will have no right to view or approve them before or after they have been used. I also understand there is no time limit to this agreement.

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

If the individual volunteering is a minor (under 18 years of age), the following needs to be signed by a parent or legal guardian. I hereby consent and agree, individually and as a parent or legal guardian of \_\_\_\_\_ (*name*), a minor, to all the terms stated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relation to Minor \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_