VOLUNTEER RELEASE FORM

COMPANY/VOLUNTEER GROUP NAME: _____

AGENCY/SCHOOL
PARTNER: _____ PROJECT NAME: _____

Liability Release - I agree for myself, my representatives, agents, heirs, successors and assigns to hereby release and hold harmless Trident United Way and all of its affiliates, officers, agents, trustees, employees, other volunteers, the organizers, the agency/school at which I volunteer, and sponsors and supervisors of all activities, from any and all responsibility or liability for any personal injury, including death and any injury caused by negligence, and damage to or loss of property I may incur as a result of or in conjunction with Day of Caring on Friday, September 10 or Tuesday, September 14, 2010. Additionally, I agree to indemnify and hold harmless Trident United Way and all of its affiliates, officers, agents, trustees, employees, the organizers, the agency/school at which I volunteer, and sponsors and supervisors of all activities for any claims, accidents and injuries that are caused by me. I also certify that I am in good health and able to participate in the program activities of Day of Caring 2010.

Communications Release – I hereby waive any claim to the rights the photographic recordings made of me on Day of Caring by or for Trident United Way (TUW). I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording for purposes deemed suitable by TUW. I hereby waive any right to approve the finished products.

I hereby certify that I am 18 years of age or older 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.

EACH VOLUNTEER MUST COMPLETE AND SIGN THE FORM. (Please write legibly.☺)

NAME PRINTED	SIGNATURE	EMAIL (for Volunteer Follow-up)

RELEASE FORMS MUST BE RETURNED BY 9/28/10 to SALLY BURNETT

FAX 566-7193 * Email: 211volunteer@tuw.org * Phone: 566-7185
Mailing Address: PO Box 6296, N. Charleston, SC 29419

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED