

Day of Caring



Jackson County United Way

Jackson County
United Way

Waiver and Release

I hereby acknowledge that participation in the 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, and in consideration of your acceptance of the entry, 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 Jackson County, its agencies' 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 not.

I hereby consent to and authorize the use of the reproduction by the United Way any and all photographs taken this day for the purpose of promotion, without compensation to me.

I hereby certify that I am at least 18 years old. (If participant is under age 18, parent or guardian must sign and an adult must be present during volunteer hours.)

Signature: _____

Name (Please Print): _____

Address: _____ City: _____

Home phone #: _____

Emergency contact name: _____

Emergency phone #: _____

Group you represent: _____

Parent / Guardian (if under age 18): _____