

# United Way of Lane County Day of Caring

## VOLUNTEER RELEASE FORM

Note: A release form is needed from each volunteer. Please use this form as a master to make additional copies if needed.

**All information must be completed below to participate in a volunteer project. Information will not be shared outside of the United Way of Lane County, your project location or your organization/group.**

Please list the group/company you are volunteering with \_\_\_\_\_

Relationship to Group  Employee  Family/Friend of Employee  Student  Other \_\_\_\_\_

Please indicate your area(s) of community interest  Basic Needs  Income  Education  Health

Agency Name \_\_\_\_\_ Project \_\_\_\_\_

Your Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Are you 55 years or older?  Yes  No

Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_

I, the undersigned Volunteer, by signing this form, do hereby agree to participate/engage in the Event and understand that participation in the Event may involve inherent costs, risks, dangers, and hazards, which may occur without warning, and neither the United Way of Lane County nor any of the other sponsors can guarantee my personal safety or the safety of any of my property. BY EXECUTION OF THIS RELEASE, I REPRESENT AND WARRANT THAT I HAVE READ AND UNDERSTAND THIS FORM, AND FREELY ACCEPT AND ASSUME THE RISK THAT MAY BE SUFFERED, INCLUDING, BUT NOT LIMITED TO PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, AND AGREE TO INCUR ALL COSTS OR EXPENSES ASSOCIATED WITH PARTICIPATING IN THE EVENT. I hereby agree to release, indemnify, hold harmless and defend (including costs and attorneys' fees) the United Way of Lane County, and/or its employees, agents, directors, officers, volunteers, sponsors, supervisors and/or organizers (collectively known as "members") from any liability or claim of liability arising from or in connection with any loss, damage, illness, injury, or other claim to persons or property arising out of and/or resulting from my participation in the Event. I further understand and acknowledge that neither the United Way of Lane County, nor any other sponsor of the Event, is an insurer of my personal safety or property. This agreement to release, indemnify, hold harmless and defend extends to all loss and/or liability on the site whether or not said loss and/or liability occurs while performing any tasks specifically in the requested projects.

**Media Release:** By signing this form, I give United Way of Lane County permission to use my photograph, video footage, and information from interviews to educate the community about the work of United Way and its Partner Agencies. I understand that this information may be used in the organization's campaign materials, but may also be used in additional communication pieces, strictly for the purposes of raising awareness and funds to support the work of United Way of Lane County.

I hereby warrant that I am at least eighteen years old and have every right to contract in my own name in the above regard. I will notify the project coordinator at my project site if I have any physical limitations that would affect my ability to participate in United Way *Day of Caring*. By signing below I state further that I have read the above release, prior to its execution, that I am familiar with the contents thereof, and that I am in full agreement to its terms.

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

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

**United Way of Lane County - 3171 Gateway Loop - Springfield Oregon, 97478**

United Way of Lane County does not sell or share its volunteer data with any agency outside the specific agency with whom you volunteered.