

## UNITED WAY OF MIFFLIN-JUNIATA VOLUNTEER RELEASE FORM

## A RELEASE FORM IS NEEDED FOR EACH VOLUNTEER AT THE TIME OF REGISTRATION.

Name:	Day Phone:	
I volunteer and sponsors and supervisors o	nnify and hold harmless United Way of Mifflin-Juniata, the organizers, the agency at fall activities, from any and all liability in connection with any injury (including any in the Walk for Warmth held on February 8, 2025. I likewise hold harmless from liabilitied Way activity.	njury
eighteen years of age and am competent to	ole to participate in the program activities on February 8, 2025. I certify that I am or contract my name insofar as the above is concerned. I have read the foregoing release my signature below and warrant that I fully understand the contents thereof.	
Signature:	Date:	
PARENTAL CONSENT/RELEASE- If the indiviguardian.	dual is a minor (under 18 years of age) the following must be signed by a parent or le	egal
I hereby consent and agree, individually an	d as a parent or legal guardian of, to all the terms and provisions above.	
Signature:	Date:	
Name (please print)	Relationship to minor:	
Address	Dhone	