



## VOLUNTEER RELEASE FORM

Note: Please use this form as a master to make additional copies for each volunteer.

**A RELEASE FORM IS NEEDED FOR EACH VOLUNTEER BY 8/14/26**

Company/Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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**LIABILITY RELEASE** - I hereby release, indemnify and hold harmless the United Way of Mifflin-Juniata, the organizers, the agency at which I volunteer and sponsors and supervisors of all activities, from any and all liability in connection with any injury (including any injury caused by negligence) and sickness or disease (including exposure to COVID-19) in conjunction with Day of Caring on Wednesday, September 16, 2026. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

I also certify that I am in good health and able to participate in the program activities on September 16, 2026. I certify that I am over eighteen years of age and am competent to contract my 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.

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

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**COMMUNICATIONS RELEASE**- I hereby assign the rights to the video and/or photographic recording(s) made of me on Wednesday, September 16, 2026 by the United Way of Mifflin-Juniata or its agency(s), hereafter referred to as United Way, to said United Way. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast, and/or nonprofit use and distribution of said recording(s) for purposes deemed suitable by the United Way.

I hereby waive any right to approve the finished products. I hereby certify that I am over eighteen years of age 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.

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

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**PARENTAL CONSENT/RELEASE**- If the individual is a minor (under 18 years of age) the following must be signed by a parent or legal guardian.

I hereby consent and agree, individually and as a parent or legal guardian of, to all the terms and provisions above.

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

Name (please print) \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_