

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

A RELEASE FORM IS NEEDED FOR EACH VOLUNTEER BY 8/11/23

Company/Organization:	
Name:	Phone:
Email:	
Emergency Contact:	Phone:
I volunteer and sponsors and supervisors of all a caused by negligence) and sickness or disease (and hold harmless United Way of Mifflin-Juniata, the organizers, the agency at which activities, from any and all liability in connection with any injury (including any injury (including exposure to COVID-19) in conjunction with Day of Caring on Wednesday, ass from liability any person transporting me to or from any United Way activity.
eighteen years of age and am competent to con-	participate in the program activities on September 20, 2023. I certify that I am over tract my name insofar as the above is concerned. I have read the foregoing release, ng my signature below and warrant that I fully understand the contents thereof.
Signature:	Date:
September 20, 2023 by United Way of Mifflin-hereby authorize the editing, duplication, reprosaid recording I hereby waive any right to approve the finished to contract r	ne rights to the video and/or photographic recording(s) made of me on Wednesday, Juniata or its agency(s), hereafter referred to as United Way, to said United Way. I oduction, copyright, exhibition, broadcast, and/or nonprofit use and distribution of g(s) for purposes deemed suitable by United Way. I products. I hereby certify that I am over eighteen years of age and am competent my own name insofar as the above is concerned. Ition, and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.
Signature:	Date:
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:

Phone: _____