VOLUNTEER RELEASE FORM

NAME: _____ DAY PHONE: _____

EMERGENCY CONTACT: _____ DAY PHONE: _____

COMPANY: _____

I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE UNITED WAY OF THE LAUREL HIGHLANDS, INC. AND _____ (agency), THEIR NOMINEES, AGENTS AND ASSIGNS FROM ANY AND ALL LIABILITY IN CONNECTION WITH ANY INJURY (INCLUDING ANY INJURY TO ME CAUSED BY MY NEGLIGENCE), IN CONJUNCTION WITH THE 2016 DAY OF CARING EVENT HELD AT_____ (agency) ON WEDNESDAY, SEPTEMBER 21, 2016.

_____ _____

SIGNATURE DATE

_____ _____

WITNESS SIGNATURE DATE

VOLUNTEER PHOTO RELEASE

I hereby give permission to UNITED WAY OF THE LAUREL HIGHLANDS, Inc. and/or

_____ (agency) to use my photographic

likeness and voice in all forms and media for advertising, trade, and any other

lawful purposes.

Print Name:_____

Signature:_____

Date:_____