

DAY OF CARING – SEPTEMBER 4, 2015

United Way of Youngstown and the Mahoning Valley



Release Form (Must be signed by every volunteer)

I hereby release, indemnify and hold harmless the United Way of Youngstown and the Mahoning Valley, the participating Day of Caring agencies, their representatives and the organizers, sponsors and supervisors of all Day of Caring activities, from any and all liability in connection with my participation in the United Way Day of Caring Event on Friday, September 4, 2015. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

In addition, the United Way of Youngstown and the Mahoning Valley has permission to utilize any photographs or videos taken for publicity purposes and to disseminate statements referring to me in conjunction with the event, authorizing any newspaper, company or other organization to publish, republish or exhibit said materials with or without identification of me by name in the promotion of the United Way of Youngstown and the Mahoning Valley. Photographs, slides, and/or video presentations may be used in the following media: newspaper, television, radio, web site, social media, newsletter, annual report, brochures, etc., and may be used indefinitely by the United Way for publicity purposes. I understand that I need not consent to appear, pose or talk. However, I choose to do so willingly and voluntarily for the purpose stated above.

Company Name: _____ Number of Volunteers: _____

Print Name: _____ Signature: _____ Date: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Shirt Size: _____ Will Attend Breakfast (Y/N): _____

Print Name: _____ Signature: _____ Date: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Shirt Size: _____ Will Attend Breakfast (Y/N): _____

Print Name: _____ Signature: _____ Date: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Shirt Size: _____ Will Attend Breakfast (Y/N): _____

Print Name: _____ Signature: _____ Date: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Shirt Size: _____ Will Attend Breakfast (Y/N): _____

Print Name: _____ Signature: _____ Date: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Shirt Size: _____ Will Attend Breakfast (Y/N): _____

Print Name: _____ Signature: _____ Date: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Shirt Size: _____ Will Attend Breakfast (Y/N): _____

Please fax this form to (330) 746-4525 before August 3, 2015. Attach additional sheets as necessary to include all volunteers. Contact Roxann Sebest at (330) 746-8494 for any questions or comments you may have.

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED.

United Way of Youngstown and the Mahoning Valley – 255 Watt Street – Youngstown, OH 44505 – 330.746.8494