

2010 Days of Caring

Middlesex United Way -Liability Waiver & Photo Release Form

MAKE ENOUGH COPIES OF THE ATTACHED WAIVER FORM FOR EACH VOLUNTEER TO SIGN. RETURN ALL OF THE FORMS TOGETHER, NO LATER THAN THE DEADLINE OF Friday, August 20, 2010.

In consideration of your acceptance of this entry, I, the undersigned, for myself and my heirs, assigns and personal representatives, do hereby agree to the following:

I hereby release, indemnify and hold harmless Middlesex United Way, the organizers, agencies and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence), in connection with Days of Caring, held on Friday, September 3, 2010. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

I hereby consent to and authorize the use or reproduction by MIDDLESEX UNITED WAY and the Releases, and/or agents authorized by them, of any and all photographs, video reproductions, motion pictures, or other record taken this day, including without limitation pictures and sound of myself alone or with others, for any reasonable purpose, without compensation to me.

I hereby certify that I am 18 years of age or over.

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM BEFORE ALLOWED TO PARTICIPATE: I have read this liability waiver and photo release form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. (PLEASE USE INK PEN)

Signature

Print Name

Middle Initial

Age

Gender

Address

City

State

Zip

E-mail Address

Company/Organization You Represent

Team Leader

Date your team will work

If you have any questions, please call Maria Demarest, Middlesex United Way at (860) 346-8695 .

Please return no later than Monday, August 22nd to:

Middlesex United Way

100 Riverview Center

Suite 230

Middletown, CT 06457

FAX: (860) 346-6044