

**LIVE UNITED**



United Way  
of Amarillo & Canyon

## Day of Caring

### Participant Waiver Statement

*(All participants must sign a copy of this form before being allowed to participate)*

**LIABILITY DISCLAIMER:** In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during my voluntary participation in the 2018 Day of Caring activities. Therefore, I hereby release, indemnify, and hold harmless United Way of Amarillo & Canyon, the organizers, the agency or project site at which I volunteer and any sponsors and supervisors of all activities from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with my volunteer activity on Friday, April 20, 2018. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in this event, including, but not limited to, illness, traveling to and from the event, and the effects of the weather, all such risks being understood and appreciated by me.

**COMMUNICATIONS RELEASE:** I hereby assign the rights for video and/or photographic recording(s) made of me on Friday, April 20, 2018, participating in volunteer activity by United Way of Amarillo & Canyon or its agencies. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and or nonprofit use and distribution of said recordings for purposes deemed suitable by United Way. I hereby waive any right to approve the finished products.

I certify that I am over eighteen years of age and I am competent to enter into this release.

I have read the foregoing releases, authorizations, and agreements, before affixing my signature below and warrant that I fully understand their contents.

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First and Last Name

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Signature

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Date