

United Way
of Monroe County



**2010 United Way of Monroe County
Day of Caring Minor Volunteer Permission Slip**

Activity: The United Way Day of Caring

When: Thursday, April 22 2010

Start Time: 9:00 am End Time: 4:30 pm

Adult in Charge: _____

I, _____, the parent or guardian of _____, in return for the opportunity to have my child attend and participate in the above-described activity, do hereby agree to release The United Way of Monroe County, its directors, officers, employees, and agents from any and all liability, claims, demands, or injury that my child might sustain while participating in the 2010 Day of Caring, whether or not such damage, loss, or injury results from the negligence of The United Way of Monroe County, its directors, officers, employees, or agents. I understand that if I do not sign this release, my child will not be permitted to attend the activity. I give the United Way of Monroe County my approval for any necessary medical treatment in the event of an emergency, and I will assume full financial responsibility for treatment. In addition, I hereby grant the United Way of Monroe County and its assigns permission to utilize any comments made by, or photographs or videos taken of me concerning the event. I intend to be bound legally by this release.

Signature: _____

Print Name: _____

Date: _____

Phone #: _____

Please list a primary contact in case of an emergency:

Name: _____

Phone # _____

Address: _____

Please list a backup contact in case of an emergency:

Name: _____

Phone # _____

Address: _____

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Medical conditions to be aware of:

Please list any special needs and instructions below:

I have read this permission slip, know the contents thereof, and fully understand the same. (Please complete this form and return to the United Way of Monroe County. Please submit your completed form(s) no later than March 30, 2010 by fax at (570) 629-5680, mail to United Way of Monroe County, P. O. Box 790 Tannersville, PA. 18372, or send to chris@unitedwaymonroe.org.)