

## 2010 Day of Caring Volunteer Release Form

**Volunteer Name:** \_\_\_\_\_

**Company/Organization  
Name:** \_\_\_\_\_

I \_\_\_\_\_, hereby release, indemnify and hold harmless the United Way of Monroe County (the agency), and the organizers, sponsors, and supervisors of all its activities, from any and all liability in connection with any injury or claim resulting or caused in conjunction with the event, entitled 2010 Day of Caring, conducted at the \_\_\_\_\_ agency on Thursday, April 22, 2010. 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: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

(All forms will be available through our Web site's homepage at [www.unitedwaymonroe.org](http://www.unitedwaymonroe.org). You can e-mail your completed form to [chris@unitedwaymonroe.org](mailto:chris@unitedwaymonroe.org) or fax to 570-629-5680. Please submit completed form by March 31, 2010.)