



Annual Day of Caring

Waiver and Release Form

I hereby acknowledge that participation in the Marshalltown Area United Way Annual Day of Caring is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant not to sue and hereby WAIVE, RELEASE and DISCHARGE the Marshalltown Area United Way and those agencies/individuals participating in this event, workers, officials, volunteers and their representatives, successors, agents, employees and assigns from ANY AND ALL CLAIMS, LIABILITIES, DEBTS AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in or return from this event.

I hereby consent and authorize the use of the reproduction by Marshalltown Area United Way and any and all photographs taken this day for the purpose of promotion, without compensation to me. I hereby certify that I am 18 years of age or older.

*If participant is under 18, parent or guardian **must** sign.*

ALL PARTICIPANTS MUST SIGN BELOW

Company/Organization/Team: _____

Name (Please Print): _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Age: _____ Email Address: _____

Cell #: _____ Emergency Contact: _____ Phone: _____

List any special skills or requests that may help us match you with an organization (construction, painter, gardener, etc.)

1. _____

2. _____