



## **Day of Caring Volunteer Waiver**

The Volunteers listed below are participating in the Day of Caring on October 15, 2022, sponsored by the United Way of Indian River County (the "Day of Caring.") On the Day of Caring, most Volunteers will start the day at the United Way Annual Kick Off Breakfast, and then they will travel to a nonprofit or other organization to perform a variety of tasks, most of which involve manual labor, including but not limited to, moving and placing or replacing landscaping material, painting, organizing supplies or other items, constructing or repairing portions of buildings or other structures (the "Projects.")

The Volunteer and the parent/guardian of the Volunteer listed below if the Volunteer is under 18 (the "Volunteer") hereby releases and indemnifies the United way of Indian River County, all agencies and sponsors that are participating in the Day of Caring, and all of the agents, employees, directors, officers, volunteers and others acting on behalf of the foregoing (collectively, the "United Way") for any and all damages and expenses arising, directly or indirectly, out of the Volunteer's participation in the Day of Caring.

The Volunteer also certifies that s/he has consulted with his/her physician if s/he has any health condition which may adversely affect Volunteer's health by participating in the Day of Caring. If Volunteer has any such health condition, Volunteer certifies that his/her physician has advised Volunteer that s/he may participate in the Day of Caring without any adverse effect on Volunteer's health. If Volunteer should suffer an injury or illness, Volunteer hereby authorizes a representative of the United Way to provide or obtain medical treatment for Volunteer and/or to have Volunteer transported to another location to provide or obtain medical treatment if the United Way in its sole discretion deems appropriate.

United Way of Indian River County is committed to keeping your personal information confidential and secure. When you submit your volunteer application form you agree that: (1) we may collect personal information from you and about you such as your name, address, phone number, email, occupation, skills, and other information we may need to coordinate volunteer opportunities; and (2) we may use such personal information for purposes of identifying volunteer opportunities which may suit you and to contact you regarding those opportunities. You may withdraw your consent to the foregoing at any time as long as you give reasonable notice of such withdrawal.

In addition, I hereby grant the United Way of Indian River County (UWIRC), consent to the use of all photographs, videotape, other images, and/or audio recordings that UWIRC has taken of me, or in which I may be included, for all purposes, in any and all media including the internet, without limitation, including promotion, solicitation, advertising or trade. I hereby irrevocably authorize the UWIRC to edit, alter, copy, exhibit, publish or distribute these photos, videos, or audio recordings for purposes of publicizing the UWIRC programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including a written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or compensation arising or related to the use of the photo, video, or audio recordings.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. Any Volunteer under the age of 18 must have a parent or guardian sign the waiver on their behalf.

## **Day of Caring Volunteer Waiver**

Please bring a signed copy of your Day of Caring Volunteer Waiver with you to the Kick-off Breakfast or project site. If you'd like to submit your waiver prior to Day of Caring on Saturday, October 15, 2021, please scan and email your signed copy to [Stacy.Benezra@UnitedWayIRC.org](mailto:Stacy.Benezra@UnitedWayIRC.org) or bring in your signed waiver to the kick-off celebration.

*I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. Any Volunteer under the age of 18 must have a parent or guardian sign the waiver on their behalf.*

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**Signature of Volunteer (or parent/guardian if Volunteer is under 18)**

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**Date**

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**Print Name of Volunteer**