



Volunteer Release of Liability and Photo Release Form



All United Way Day of Caring participants must sign the attached release form prior to participating in United Way Day of Caring activities.

NON-PROFIT ORGANIZATION/SCHOOL NAME: _____

PROJECT SITE: _____

In consideration of the opportunity to participate in United Way *Day of Caring* activities, I hereby agree to waive all rights to pursue any claims, lawsuits or legal actions of any type against United Way of Central and Northeastern Connecticut (“UWCNCT”) and/or Community Health Charities of New England (“CHCofNE”), their officers, employees, agents, board members, volunteers, event sponsors and all other persons working with respect to United Way *Day of Caring*. I expressly release and discharge said parties from any and all responsibility and liability for injuries, harm, losses or damages of any type to my person or property that I may sustain while participating in any manner in United Way *Day of Caring* activities even if such injuries, harm, losses or damages are caused, in whole or in part, due to the negligence or lack of proper care of UWCNCT or CHCofNE, its employees, officers, board members, volunteers, event sponsors and all other persons working with respect to United Way *Day of Caring*.

I hereby authorize and consent that UWCNCT and CHCofNE, participating non-profit organizations and schools, their legal representatives, successors or assigns, shall have the absolute right to copyright, publish, use, sell or assign all photographic portraits or pictures, television spots, movie films, and video and/or sound recording, or any part thereof, they have taken or made of me on this date or in which I may be included in whole or in part, whether apart from or in connection with, illustrative or written matter, story or news item in any medium, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise. I hereby waive all claims for any compensation for such use or for damages. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am at least eighteen years old and have every right to contract in my own name in the above regard. I will notify the project coordinator at my project site if I have any physical limitations that would affect my ability to participate in United Way *Day of Caring*. By signing below, I state further that I have read the above release, prior to its execution, that I am fully familiar with the contents thereof, and that I am in full agreement to its terms.

EVERY UNITED WAY DAY OF CARING PARTICIPANT MUST PROVIDE THE INFORMATION ON THE ATTACHED PAGE PRIOR TO BEGINNING THEIR PROJECT

