

Day of Caring

Volunteer Release Form

Fax this completed form to: 647-4338
or bring it with you when you sign in at the United Way during Days of Caring.

Company: _____

Employee/Volunteer Name (please print): _____

Daytime Telephone No.: _____

Name of Emergency Contact: _____

Daytime Telephone No. of Contact: _____

As indicated by my signature, below, I hereby release, indemnify and hold harmless the United Way of the Greater Clarksville Region, Inc., and all organizers, sponsors and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with the 2010 Day of Caring event. I likewise hold harmless from liability any person transporting me to or from any United Way activity. In addition, the United Way of the Greater Clarksville Region, Inc. has permission to use any photographs or videotape taken of me for their publicity purposes.

Signature: _____ Date: _____