

2025 ORLEANS COUNTY DAY OF CARING

VOLUNTEER WAIVER

May 9, 2025

I, _____, hereby release, indemnify, and hold harmless United Way of the Orleans County, its officers, directors, employees, successors, assigns, legal representatives, organizers, sponsors, owners or lessees of project sites, volunteers and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation with the 2025 Day of Caring events.

I further understand that I am expressly assuming all risk, including but not limited to, all risk of injury or death associated with my volunteer participation in the 2025 Day of Caring events.

I further grant permission to United Way of Orleans County to use, without cost, any photographs, videos, or audios taken of me during the 2025 Day of Caring for publicity purposes.

I acknowledge that I am of legal age, have read this release and am voluntarily and intelligently executing this release as a legal and binding document on this date May 9th, 2025.

Print Name _____

Signature _____ Date _____

Address _____ City/State/Zip _____

Phone/Cell Number _____ Email _____

Emergency Contact _____ Phone _____

This form MUST be returned before you can begin the day!