



2018 Day of Caring

Waiver & Release

Business Name/Group Affiliation: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

E-mail Address: _____

I understand that as a participant of *Day of Caring* events and activities, I agree to hold the Barry County United Way & Volunteer Center and all participating agencies harmless from any and all liability associated with or arising from your involvement in this volunteer event.

I understand that by participating in *Day of Caring* I am granting permission to Barry County United Way & Volunteer Center to allow photographs of myself and/or my group to be used for any lawful purpose, examples may be publicity, advertising, and web content.

Signature: _____ Date: _____