




United Way of the Black Hills

 United Way of the Black Hills



## 2017 Day of Caring

### Volunteer Waiver

I, \_\_\_\_\_, hereby release, indemnify, and hold harmless United Way of the Black Hills, 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 2017 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 2017 Day of Caring events.

I further grant permission to United Way of the Black Hills to use, without cost, any photographs, videos, or audios taken of me during the 2017 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

\_\_\_\_\_, 2017

Print Name \_\_\_\_\_

*(Participant) (As you want it to appear on certificate)*

Signature \_\_\_\_\_ T-shirt size \_\_\_\_\_

Team Leader's Signature \_\_\_\_\_

*(Ellsworth AFB Participants)*

Business or Squadron \_\_\_\_\_

Phone/Cell Number \_\_\_\_\_

Emergency contact and phone number \_\_\_\_\_

This form **MUST** be returned to United Way by August 24, 2016!

United Way of the Black Hills ~ 621 6<sup>th</sup> Street, Suite 100 ~ Rapid City, SD 57701  
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