

## Henry County Day of Caring – October 1, 2021

### 2021 VOLUNTEER RELEASE FORM

One release form is needed for each volunteer. Please use this form to make additional copies.  
Please print or type. Email completed forms to Kim Rogers-Hatfield, Director of Engagement, Heart of Indiana United Way at [kimrh@heartofindiana.org](mailto:kimrh@heartofindiana.org). You may also mail to 400 N. High St., Suite 300 Muncie, IN 47305 or fax to 288-5588.

Company Name: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIABILITY RELEASE:** I hereby release, indemnify, and hold harmless Heart of Indiana United Way, the 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 Day of Caring program. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNICATIONS RELEASE:** I hereby give to Heart of Indiana United Way, to its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements in conjunction with the Day of Caring program, and to disseminate statements referring to me in conjunction therewith if Heart of Indiana United Way so desires and to authorize any media, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of Heart of Indiana United Way and any of its fund campaigns or any of its activities.

**\*Volunteers not granting permission are responsible for alerting photographers\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL CONSENT/RELEASE:** If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian.

I hereby consent and agree, individually and as a parent or legal guardian of \_\_\_\_\_, to all the terms and provisions above.

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

