Day Of Caring Waiver

United Way of the Wine Country
AGREEMENT AND RELEASE FROM LIABILITY/PHOTOGRAPHY

Media Release

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by United Way of the Wine Country, or anyone authorized by United Way of the Wine Country, of any and all photographs which have this day been taken of me, negative or positive, for any purpose whatsoever, without further compensation to me. All negatives and prints, together with the prints shall constitute the property of United Way of the Wine Country, solely and completely.

Liability Release

As consideration for being permitted by United Way of the Wine Country, it's participating agencies, and my employer, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Releasees (or the supplier of any of the equipment I will use in these activities) for injury or damage, howsoever caused, as a result of my participation and/or consent to use and reproduce my image in United Way's Day of Caring. I hereby release Releasees from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in and/or consent to use and reproduce my image United Way's Day of Caring.

Knowing Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES AND/OR THEIR AFFILIATE ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at Sonoma County, California on September 8, 2010.

_____

Print Name

_____

Signature (verifying volunteer is at least 18 years of age or older OR signature of Parent/Guardian if volunteer is under 18)

Please fill in the following information:

Address: _____

City/State: _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-Mail address: _____

Company/Organization: _____