

# DAY OF CARING – SEPTEMBER 7, 2018

## United Way of Youngstown and the Mahoning Valley

### Release Form (Must be signed by every volunteer)



United Way of Youngstown  
and the Mahoning Valley

I hereby release, indemnify and hold harmless the United Way of Youngstown and the Mahoning Valley, the participating Day of Caring agencies, their representatives and the organizers, sponsors and supervisors of all Day of Caring activities, from any and all liability in connection with my participation in the United Way Day of Caring Event on Friday, September 7, 2018. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

In addition, the United Way of Youngstown and the Mahoning Valley has permission to utilize any photographs or videos taken for publicity purposes and to disseminate statements referring to me in conjunction with the event, authorizing any newspaper, company or other organization to publish, republish or exhibit said materials with or without identification of me by name in the promotion of the United Way of Youngstown and the Mahoning Valley. Photographs, slides, and/or video presentations may be used in the following media: newspaper, television, radio, web site, social media, newsletter, annual report, brochures, etc., and may be used indefinitely by the United Way for publicity purposes. I understand that I need not consent to appear, pose or talk. However, I choose to do so willingly and voluntarily for the purpose stated above.

Company Name: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Will Attend Breakfast (Y/N): \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Will Attend Breakfast (Y/N): \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Will Attend Breakfast (Y/N): \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Will Attend Breakfast (Y/N): \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Will Attend Breakfast (Y/N): \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Will Attend Breakfast (Y/N): \_\_\_\_\_

Please email this form to [rsebest@ymvunitedway.org](mailto:rsebest@ymvunitedway.org), [wwinch@ymvunitedway.org](mailto:wwinch@ymvunitedway.org), or fax to (330) 746-4525 before **August 6, 2018 (for guaranteed t-shirt sizes)**. Attach additional sheets as necessary to include all volunteers. Contact Roxann Sebest or Whitney Winch at (330) 746-8494 for any questions or comments you may have.

United Way of Youngstown and the Mahoning Valley – 255 Watt Street – Youngstown, OH 44505 – 330.746.8494