



Day of Caring Volunteer Release

Each team member must sign this form

Team Name: _____

I, _____ (*volunteer name*), am a volunteer who has agreed to participate in the United Way of the Brown County Area, Inc. Day of Caring to be held on October 24, 25, and 26, 2024.

As a volunteer, I shall and do hereby release and forever discharge the United Way of the Brown County Area, Inc., any other business organization volunteering for the Day of Caring, and any of the aforementioned's directors, officers, employees, and agents from any and all claims, damages, or injuries incurred during or as a result of my volunteer participation in the Day of Caring, except for any claims, damages, or injuries caused by intentional, willful, or wanton acts.

In addition, I hereby authorize United Way of the Brown County Area to use any photo, any video and any other representational image taken of me on the Day of Caring for promotional purposes, including, but not limited to, inclusion in the annual report, on the website, in posters, brochures, videos, and other materials.

(*Signature of Parent or Guardian if under 18*)

Signed: _____

Date: _____