



# DAY OF CARING 2009

## VOLUNTEER INFORMATION RELEASE FORM

Note: Please use this form as a master to make additional copies for each participant.

This form is due for all volunteers on or before , .  
 Completed forms are needed for all volunteers before they participate in Day of Caring on September 11, 2009.

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

Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: (    ) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Day Phone: (    ) \_\_\_\_\_

Project Site: \_\_\_\_\_

I hereby assign the rights to the video, photos and/or recording(s) made of me on Day of Caring, September 11, 2009, to the United Way of Broome County or its agency(s), hereafter referred to as United Way. I hereby authorize the editing, duplications, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for purposes deemed suitable by United Way.

I hereby waive any right to approve the finished products. Also I hereby waiver all claims for any compensation for such use or for damages. I hereby certify that I am over 18 years of age and am competent to contract my own name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

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 as a parent or legal guardian of \_\_\_\_\_, to the terms and provisions above.

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

Name (please print): \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

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

Day Phone: (    ) \_\_\_\_\_