

Day of Caring in Henry County, September 8th, 2017, 7:00 a.m.-1:10 p.m.

I hereby acknowledge that participation in Day of Caring is totally voluntary on my part and that I am medically and physically able to do so. I hereby waive, release and discharge Henry County United Fund, its agencies, workers, officials and volunteers from any and all claims, liabilities, debts and causes of action in travel to, participation in, and return from this event. I hereby consent to and authorize all photographs taken for this event for the purpose of promotion to be used without compensation to me.

I have read this liability waiver and photo release form. I fully understand its terms, and sign it freely and voluntarily without any inducement.

 / /2017

Volunteer Signature

Date

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM BEFORE THEY ARE ALLOWED TO PARTICIPATE.

*****IF YOU ARE UNDER THE AGE OF 18, PLEASE CONTACT THE UNITED FUND OFFICE AT 765-521-7410 FOR FURTHER REGISTRATION INSTRUCTIONS*****