

25th Annual Henry County Day of Caring

Our community's "Day of Caring" is much more than a single day where individuals work together throughout Henry County to improve the quality of life for others. The entire concept represents the spirit found in so many who want to reach out and help others. This is a unique opportunity to work directly with community projects and non-profit agencies in Henry County. We hope you will join us on **September 7th at 7 A.M.** to have some "hands on" experience and make a difference for your community. We'll first meet at First Baptist Church and then after a short welcome you'll be sent out to your designated work sites. **Students must register on paper.** Thank you!

Volunteer!

Henry County Day of Caring

1201 Race Street, Suite 103

P. O. Box 6082

New Castle, IN 47362

Phone: 765-521-7410

Fax: 765-593-1225

hcdayofcaring@gmail.com

WAIVER/REGISTRATION FORM

Please complete & return no later than 8/17/18 in order to participate

Name: _____ (PLEASE PRINT)

Group/school I am volunteering with: _____

Event: **2018 Day of Caring in Henry County – September 7th, 7 am.**

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

Signature of student: _____ Date: _____

Signature of Parent or Guardian if student is under 18: _____ Date: _____

Shirts (Adult sizes): Each participant will receive a free t-shirt. Please indicate your size.

ADULT: S _____ M _____ L _____ XL _____ 2X _____ 3X _____ 4X _____ 5X _____