|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | VOLUNTEER WAIVER | | | | | | | | |
| **Contact Information** |  |  |  |  |  |  |  |
| Name |  | | | | | | |
| Street Address |  | | | | | | |
| City, State, ZIP |  | | | | | | |
| Main Phone |  | | | | | | |
| Work Phone |  | | | | | | |
| Email Address |  | | | | | | |
| **Person to Notify in Case of Emergency** | | | | | | | |
| Name |  | | | | | | |
| Street Address |  | | | | | | |
| City State ZIP |  | | | | | | |
| Cell phone |  | | | | | | |
| Home phone |  | | | | | | |
| **Waiver and Release** |  |  |  |  |  |  |  |
| I understand that participation in activities relating to various locations and activities may | | | | | | | |
| involve potential hazards, and on behalf of me, and any minors volunteering with me, | | | | | | | |
| I hereby release United Way of Butte and Anaconda and its staff, representatives, | | | | | | | |
| board members and volunteers from any claims, demands, injuries, damages or | | | | | | | |
| actions arising from my participation in such activities whether or not caused by my negligence | | | | | | | |
| or the negligence of any of the United Way of Butte and Anaconda affiliates or any other party. | | | | | | | |
| (Parent or guardian must sign for all persons under 18 years of age) | | | | | | | |
| **Youth Volunteers** | | | | | | | |
| Volunteers under 18 years old need to have application form signed by their legal guardian before | | | | | | | |
| working at any United Way volunteer site. | | | | | | | |
| |  | | --- | | *In case that my child needs medical treatment while participating with a* | | | | | | | | |
| *United Way of Butte and Anaconda project, I hereby give United Way of Butte and Anaconda* | | | | | | | |
| *permission to consent to obtain medical services for my child* | | | | | | | |
| **Photo Release** |  |  |  |  |  |  |  |
| I hereby grant to United Way of Butte and Anaconda and to its employees, agents, assigns, and | | | | | | | |
| partners the right to photograph me/him/her and use the photo and or digital reproduction of | | | | | | | |
| me/him/her or other reproduction of my/his/her physical likeness for publication processes, whether | | | | | | | |
| electronic, print, digital or electronic publishing via the Internet. | | | | | | | |
| **Agreement and Signature** |  |  |  |  |  |  |  |
| By submitting this application, I affirm that the facts set forth in it are true and complete. | | | | | | | |
| Name (printed) |  | | | | | | |
| Signature |  | | | | | | |
| Parent or Guardian Name (printed) |  | | | | | | |
| Parent or Guardian Name signature |  | | | | | | |
| Date |  | | | | | | |