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|  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. |
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|  *In case that my child needs medical treatment while participating with a*  |

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| *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 |   |