**Days of Caring 2013**

**Volunteer Liability Waiver**

**AGREEMENT TO VOLUNTEER:**

I volunteer my services with the United Way of Addison County and RSVP and understand that I am not considered an employee of UWAC or RSVP, or its sponsoring agencies, Rutland Community Programs, Inc. I understand that I will not be paid for my services and that I may stop volunteering at any time I wish.

**LIABILITY DISCLAIMER**:

In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during my voluntary participation in the 2013 Day of Caring activities. Therefore, I hereby release, indemnify, and hold harmless RSVP, United Way of Addison County, the organizers, the agency or project site at which I volunteer and sponsors and supervisors of all activities from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with volunteer activity on September 26 and/or 28, 2013. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in this event, including, but not limited to, illness, traveling to and from the event, and the effects of the weather, all such risks being understood and appreciated by me.

**PHOTO RELEASE:**

I hereby grant permission to RSVP and the United Way of Addison County to use photographs or video of myself and/or my child(ren) in its official printed publications, PowerPoint presentations or World Wide Web site without further consideration, and I acknowledge the RSVP and the United Way’s right to crop or treat the photograph at its discretion. I also acknowledge that RSVP and the United Way may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I certify that I am over eighteen years of age and am competent to enter into this release.

I have read the foregoing releases, authorizations, and agreements, before affixing my signature below and warrant that I fully understand their contents.

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Signature of Volunteer Date

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Signature of parent/guardian of minor or adult participant Date

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Signature of RSVP Coordinator Date

**FOR OFFICE USE ONLY**

***Placed at:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Job Title* :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Date/Time*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**