#

# **Volunteer Day of Action – June 13, 2025**

**8 AM to 1 PM**

**Volunteer Team Registration Form**

# ***Due by Monday, June 2, 2025***

***Yes! We would like to participate!***

Company/Organization:

## Contact name:

## Mailing address:       City:       Zip:

Phone:       E-mail:

## Name of your organization’s volunteer team leader:

## Please indicate the size of your volunteer team:

Please list the names, email addresses, and T-shirt sizes of all volunteers below. Each volunteer must also complete a photo release/waiver. (Use an additional sheet if needed.)"

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| --- | --- | --- | --- |
| Volunteer name | e-mail address | T-shirt size | Waiver collected? |
|       |       |       |       |
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What specific skills does your team have that could indicate what type of project you would be assigned to?

[ ]  Painting [ ]  Sorting, Stacking, and Organizing [ ]  Administrative

[ ]  Cleaning [ ]  Yard Work [ ]  Other:

Please list the equipment your company/organization may have available for use during the project

(shovels, painting equipment, etc.):       Please list any other skills or talents your team members have that you would like to add (plumber, carpenter, craft skills, etc.):

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| --- | --- | --- | --- |
| Volunteer name | e-mail address | T-shirt size | Waiver collected? |
|       |       |       |       |
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#### *Please have each of your team members sign a release and return the forms to UWWC along with your registration page.*

#### Volunteer Waiver and Release of Liability

In consideration of my participation in the **United Way of Whitman County “Volunteer Day of Action”** (VDA) project, I hereby waive, release, and discharge any claims, demands, or causes of action against **United Way of Whitman County, its sponsors, nonprofit partners, and their respective officers, employees, agents, and representatives** (collectively, "Released Parties") arising from or related to my participation in this event.

This waiver includes but is not limited to any claims for **personal injury, illness, death, or property damage** that may occur during or as a result of my participation in the **VDA** project, from negligence or otherwise.

I understand and acknowledge that participation in volunteer activities involves inherent risks, and I voluntarily assume all such risks. I further agree to indemnify and hold harmless the Released Parties from all liability, losses, or expenses, including reasonable attorney’s fees, arising from my participation in this event.

By signing below, I acknowledge that I have read and fully understand this waiver and release of liability. I voluntarily agree to its terms.

Signed this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name

#### Photo Release

**United Way of Whitman County – Photo & Media Release**

I hereby grant **United Way of Whitman County**, its successors, assigns, and those acting under its authority or permission, the **unrestricted right** to use, reproduce, publish, distribute, and/or display photographs, video recordings, and/or audio recordings of me (collectively, “Media”), in whole or in part, in any format or medium, including but not limited to print, digital, and online platforms.

I understand that:

1. This authorization applies worldwide and includes the right to use the Media **alone or with other content**, in color or black and white, for lawful promotional, educational, or fundraising purposes.
2. I **waive any right to inspect or approve** the final Media or its use.
3. I **relinquish all rights, titles, and interests** in the Media and acknowledge that United Way of Whitman County and its affiliates own all rights to the Media.
4. I **release and hold harmless** United Way of Whitman County and all affiliated entities from any claims, demands, or liability related to the use of the Media.

By signing below, I acknowledge that I have read and understand this release and voluntarily agree to its terms.

Signed this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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Signature Print Name