

Participant Waiver & Photo Release Form

**A PARENT OR LEGAL GUARDIAN MUST SIGN A COPY OF THIS FORM IN ORDER
FOR THE CHILD TO PARTICIPATE IN THE DAY OF CARING**

Grove City Area
United Way



LIABILITY DISCLAIMER: I hereby acknowledge that my child's participation in volunteer activities is potentially hazardous, and that he/she should not participate in this event unless he/she is medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of my acceptance of this entry, I expressly assume any and all risks associated with my child's voluntary participation in this event. In addition, I, for myself, my child and for anyone who might claim our my behalf, covenant to not sue and hereby WAIVE, RELEASE AND DISCHARGE THE GROVE CITY AREA UNITED WAY OR IHOST SITE, its agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

PHOTO RELEASE: I hereby consent to and authorize the use or reproduction by the GROVE CITY AREA UNITED WAY of any and all photographs taken this day for the purpose of promotion, without compensation to me or my child.

I hereby acknowledge that I am the parent/legal guardian of _____ and allow him/her to participate in the Day of Caring.

Signature: _____ Phone _____

Name (please print): _____ Age of child: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

If you have any questions, please contact the Grove City Area United Way (724) 458-4527 or at uwwolunteer@zoominternet.net.