

United Way Volunteer Connection

Helping You Help Others

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www.UnitedWayMC.org/madd.htm



MEDIA RELEASE/WAIVER OF LIABILITY MAKE A DIFFERENCE DAY 2019

I understand that I am participating in Make A Difference Day as a volunteer for elderly/disabled community residents in the Greater Wausau Area through United Way *Volunteer Connection*. I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk. I agree that I will only perform volunteer activities that I am comfortable doing. I also agree that I will not hold United Way or the residents I am raking for responsible or liable for any damage or injury to me or my property as a result of my participation in Make A Difference Day. I agree to be responsible for my behavior and to indemnify and hold harmless United Way or the residents I am raking for from any damages or liabilities arising out of my activities as a volunteer in connection with Make A Difference Day.

I also grant full permission for United Way *Volunteer Connection* to use photographs or video footage of me in legitimate accounts and promotions of this event or in promotion of the *Volunteer Connection* program and its website.

Name: _____

Address: _____ City: _____

Circle Age: Under 6 7-12 13-17 18-24 25-54 55-64 65+

Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

Complete the following if the subject listed above is a minor (under 18 years).

As the parent or legal guardian of the person named above, I consent to this release on his/her behalf.

Guardian's Name _____

Guardian's Signature _____ Date: _____