

United Way of Southwest Wyoming
HELPING HANDS DAY
CONSENT, PERMISSION, WAIVER AND RELEASE

In consideration of the acceptance of my participation in United Way of Southwest Wyoming's Helping Hands Day, I hereby waive and release any and all claims for damages, for personal injury or death, loss of property, or property damage I may have, or that may subsequently accrue to me, or to my heirs, executors, administrators or assigns, as a result of my participation in Helping Hands Day. I discharge and release in advance United Way of Southwest Wyoming and the sponsors, volunteers, and their respective boards, employees, and representatives, without limitation, from any and all liability arising out of or connected in any way with my participation in the event.

I acknowledge that my participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the above-mentioned event. I attest that I am sufficiently physically fit and trained for this kind of event. I understand and agree that medical or other services rendered to me by, or at the instance of, any of the persons or entities mentioned above is not an admission of liability to provide or to continue to provide any such services, and is not a waiver by any of the persons or entities mentioned above of any right hereunder.

This will confirm that I, having the sole right to do so, for the good and valuable consideration (the receipt of which is hereby acknowledged), grants to United Way, to include United Way of Southwest Wyoming and its affiliated organizations, members, successors, assigns and licensees, a non-exclusive and irrevocable right to photograph, record, reproduce, publish, copyright, or otherwise use my name, photographic portraits or pictures, film, videos, internet postings, or sound recordings or any part thereof that may have been taken of me during Program as described below in written or electronic format, video or film (Content) for promotional, advertising, or other charitable purposes in any media including the world wide web related to the United Way community impact activities. This also includes any tweets or messages through social media.

I acknowledge and agree that nothing contained herein requires United Way to use any Content as described herein.

I represent and warrant that the consent of no other third party is required to enable United Way to use Content as described herein, and that such use will not violate or infringe upon the rights of any third party.

I acknowledge and agree that United Way has the right to assign this agreement and/or the rights herein (in whole or in part) to any party.

I acknowledge that its sole remedy for any breach shall be an action for damages, and irrevocably waive any right to obtain equitable or injunctive relief.

I waive any right of inspection, preapproval, or claims for compensation.

I am of full age and have the right to contract in my own name and have read the above consent, permission, waiver and release and am fully aware of its contents. In the event of a minor, the signature of a parent or legal guardian is required.

This Consent, Permission, Waiver and Release contains the full and complete understanding between the parties and supersedes all prior agreements and understandings pertaining hereto and cannot be modified except by a writing signed by each party.

510 South Main Street Rock Springs .Wyoming. 82901



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PROGRAM

United Way Helping Hands Day to raise awareness about United Way and collective community impact.

I have read and understand everything written above and I voluntarily sign this waiver and release.

IF THE APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE, THE SIGNATURE OF A PARENT OR GUARDIAN OF THE APPLICANT IS REQUIRED.

Dated: _____

Volunteer's Signature

Witness or Parent

Printed Name

Printed Name

Address

Address

City, State

City, State

Employer

