Please have each one of your team members sign a release and return them to Twin County United Way with your registration form.

Day of Caring – May , 2022

Waiver of Liability



In light of the aims and purposes of the community service provided by Twin County United Way in organizing the "Day of Caring" project, I hereby waive any right of cause of action arising as a result of my participation in the "Day of Caring" from which any liability may or could accrue against the United Way, its sponsors, nonprofit partners or their officers collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the "Day of Caring" project.

Signed this day of _____, 20____.

Signature

Print Name

Photo Release

I hereby grant to Twin County United Way, their successors and assigns, and those acting under their permission, or upon their authority or those by whom they are commissioned:

- 1) The unqualified right and permission to reproduce, publish, circulate or otherwise use photographs and/or motion picture of me, and voice reproductions, to the extent as stated above, whether taken in a studio or elsewhere, in black and white or in colors, alone or in conjunction with other persons or characters, real or imaginary, in any part of the world. This authorization expressly covers only the medium directly connected with the employment as stated on above and does not include any other usage not specifically mentioned. I hereby waive the opportunity or right to inspect or approve the finished photographs, films or tapes or the use to which it may be put or the copy of illustrations used in connection therewith.
- 2) Additionally, I waive all my right, title and interest in and to all negatives, prints, tapes and reproductions thereof, and I do hereby release the aforesaid parties and their successors and assigns, is any and all rights, claims, demands, actions, or suits from which I may or can have against them on account of the use or publication of said photographs and/or motion pictures or tapes.

I have read and understand the release above and do hereby agree to its terms and conditions.

Signed this day of _____, 20____.

Signed

Print Name



Twin County United Way | 2207 E Main Street | PO Box 1660 | Lewiston, ID 83501 Phone 208.743.6594 | Fax 208.743.7004 | E-mail tcuw@tcuw.org