

**United Way of 1000 Lakes**

350 NW 1<sup>st</sup> Ave.  
Grand Rapids, MN 55744  
218-999-7570



**DAY OF ACTION VOLUNTEER WAIVER OF LIABILITY**

**Liability Release**

In consideration of the opportunity afforded me to assist on a voluntary basis in the United Way of 1000 Lakes or its agency(s) of Day of Action, in which the building and property of disadvantaged persons or community organizations serving this population will be repaired by volunteers, and in light of the aims and purposes of the community service provided by United Way of 1000 Lakes or its agency(s) in organizing this project, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against United Way of 1000 Lakes, its agency(s), any of their officers, directors or employees, collectively and 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 Action.

**Communications Release**

I hereby assign the rights to video and/or photographic recording(s) made of me during the Day of Action to United Way of 1000 Lakes or its agency(s). I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for purpose deemed suitable by United Way of 1000 Lakes. I hereby wave any right to approve the finished products.

**Confidentiality Agreement**

I understand it is my responsibility to keep confidential all information that I may gain or become privy to as a Day of Action volunteer. I will respect all individuals’ rights to privacy and their confidentiality. I will not discuss or in any other way disclose any information concerning any individual I come into contact with at United Way Day of Action. This includes, but is not limited to: any information regarding United Way of 1000 Lakes or its agency(s), their guests, administrative operations, and any other information accessed through volunteering at the Day of Action.

**By signing this waiver, I certify that:**

I have read and agree to the waiver, and I certify that I am over 18 years of age, in good health and able to participate in the program activities on Day of Action. I have read the foregoing release, authorization and agreement, and I fully understand the contents.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Company/Group: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ This is my address for:  home  work

Phone Number: \_\_\_\_\_ My phone number for  home  work  cell

Email address: \_\_\_\_\_

Witness \_\_\_\_\_

Emergency Contact’s Name and Phone Number: \_\_\_\_\_

Please list any home repair skills you have: \_\_\_\_\_

Please list any home repair licenses or certifications you have: