



United Way of  
Orange County



## LIABILITY WAIVER AND MEDIA RELEASE FORM

### LIABILITY WAIVER

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as such with United Way of Orange County and our Partner Agencies.

I acknowledge that participation in the “Day of Caring” entails a possible risk of physical injury and often involves physical labor, lifting, and other strenuous activity. I certify that I am in good health and physically able to perform this type of work. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, known and unknown, associated with my voluntary participation in this event. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest event worker as soon as possible.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify, and forever hold United Way of Orange County, as well as Partner Agencies for United Way of Orange County together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel associated therewith, including any damages which may be caused unintentionally by any negligence of such released parties.

### MEDIA RELEASE

I hereby consent to and authorize the use or reproduction by United Way of Orange County and/or our Partner Agencies and the Releasees, and/or agents authorized by them, of any and all photographs, video reproductions, motion pictures, or other record taken this day, including without limitation pictures and sound of myself alone or with others, for any reasonable purpose, without compensation to me.

### SIGNATURE

I have read this liability waiver and media release form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. **To guarantee t-shirts in your size, waiver forms must be submitted by September 6, 2022.**

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

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

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

Cell Phone: \_\_\_\_\_

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

If participant is under 18 years old, please contact United Way of Orange County for additional form.

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

Shirt Size: \_\_\_\_\_