

RELEASE FORM

I _____ (print name of volunteer/participant) give United Way of Midland County and/or its agents permission to use my testimony, story and/or image in all promotional materials and expect no compensation. United Way of Midland County, United Way of America and United Way International having received prior verbal confirmation will assume they have permission to use these testimonials and/or images for publicity purposes, unless written notice is received to the contrary.

In consideration of my participation in the (event/activity) _____, I waive any and all claims for myself and my heirs against United Way of Midland County, their agents, any other non-profit organizations, representatives, clients, sponsors, volunteers, successors and assignees for any and all injuries, loss, damage, illness, suffered by me at said event/activity, whenever discovered. I further state that I am in proper physical condition to participate in this event.

SIGNATURE

DATE

ADDRESS

CITY/STATE/ZIP

CELL PHONE / HOME PHONE

WORK PHONE

EMAIL

COMPANY NAME

IF PARTICIPANT IS UNDER AGE 18

MINOR'S DATE OF BIRTH

EMERGENCY PHONE NUMBER

PARENT / GUARDIAN NAME (PLEASE PRINT)

DATE

PARENT / GUARDIAN SIGNATURE

PLEASE RETURN TO

United Way of Midland County
220 W Main St, Suite 100, Midland 48640
Phone: 631-3670, Fax: 832-5524
Email: answers@unitedwaymidland.org

GIVE. ADVOCATE. VOLUNTEER.

