



**United Way of the Ozarks
2009 Day of Caring
August 20, 2009**

Participant Waiver Statement

Each participant must sign this form!

In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during Day of Caring 2009, or while I am on the premises of any United Way of the Ozarks member agency. I hereby release and hold harmless the United Way of the Ozarks, United Way member agencies, and all sponsors, persons, and entities associated with Day of Caring 2009 from liability for injuries and damages sustained to me, whether caused by negligence of the sponsors, other persons, or entities associated with this event, or otherwise.

I also grant the United Way of the Ozarks permission to use any photographs taken of me while I am working on the Day of Caring project, in conjunction with any of its publicity programs.

Name (please print): _____

Company: _____

Signature: _____

Date: _____

Every volunteer participating in the United Way of the Ozarks Day of Caring receives a free, 100% cotton t-shirt (made in the USA) to wear on the day of the event.

Small Medium Large X-Large XX-Large XXX-Large

**This must be completed and returned by July 14, 2009 to:
Kim Hopkins-Will, United Way of the Ozarks
FAX: 417.863.9102**