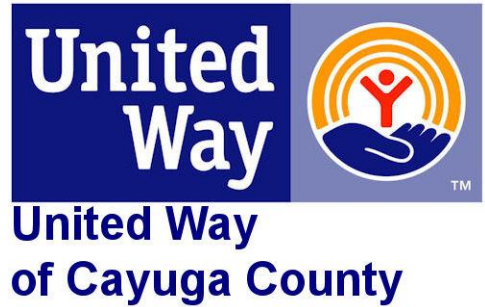


United Way Day of Caring LIABILITY WAIVER & PHOTO RELEASE



ALL PARTICIPANTS MUST COMPLETE A COPY OF THIS FORM BEFORE PARTICIPATING
Volunteers must be at least 10 years of age.

I hereby acknowledge that participation in Day of Caring is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of your acceptance of this entry, I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE and DISCHARGE UNITED WAY OF CAYUGA COUNTY, INC. (NEW YORK), its directors, agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

I hereby consent to and authorize the use or reproduction by UNITED WAY OF CAYUGA COUNTY, INC. of any and all photographs taken on this day for the purpose of promotion, without compensation to me. I hereby certify that I am 18 years of age or older.

Print Name _____ Date _____

Signature _____

Home Address _____ City _____ State _____ Zip _____

Work Phone _____ Mobile Phone _____

Email _____ Date of Birth _____

Organization You Represent _____

Emergency Contact (Name and Mobile Phone Number): _____

If participant is under age 18, parent or guardian must sign below:

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____