



United Way of Larimer County
Liability and Photography Release
& Confidentiality Agreement

All volunteers must complete this form before beginning any volunteer projects. Please read and sign at the bottom.

Waiver and Release of Liability: I understand that this is not a recreational activity but a volunteer experience. I understand that United Way of Larimer County, United Way of Larimer County sponsors and partners, or any individual or personnel shall not be held responsible for any injury to me or damage to my personal property as a result of my participation. I understand that I will be volunteering my time and will not receive payment of any form for services. In consideration for participation in volunteer projects, I agree to indemnify and to hold United Way of Larimer County and its agents harmless from any and all claims, suits, expenses, damages or other liabilities, including reasonable attorney fees and court costs arising out of damage or injury to persons, entities or property caused or sustained by any person or persons as a result of the performance or failure to perform in regards to my volunteerism.

I understand that all written and oral information disclosed by the client receiving my service will remain confidential. As a volunteer, I will not disclose any confidential information and shall hold and maintain the confidential information in strictest confidence.

I hereby give United Way of Larimer County and all participating agencies permission to use photographs of me as a result of my participation. These photographs may be used without identification of me by name in future publicity and communications of the United Way of Larimer County, and all participating agencies for any indefinite period of time.

Volunteer's Name _____

Street Address _____

City, State, Zip _____

Daytime Phone _____ Cell Phone _____

E-mail _____

Person to contact in case of emergency:

Name _____

Daytime Phone _____ Cell Phone _____

Volunteer Signature _____ **Date** _____

Liability and Public Release for Minors

If volunteers under 18 are participating in this exercise, a parent, legal guardian, or adult supervisor must fill out the above portion and sign the following:

As parent, guardian or adult supervisor of _____, I hereby agree to all terms and provision stated above.

Name _____

Street Address _____ City, State, Zip _____

Volunteer Signature _____ **Date** _____

Thanks for giving your energy and time to making a difference in our community!