## **VOLUNTEER WAVIER**



Please sign and return this completed form to Vivette Bowling at <a href="mailto:vivetteb@dayton-unitedway.org">vivetteb@dayton-unitedway.org</a>

Name:			
Email:			
Address:			
City:	State:	Zip:	
Phone: ()			
Volunteer Passions:			
Company/Group/School:			
Volunteering Location:			
I understand that I am participatin that, as a volunteer, I may be invol risk. I agree that I will only perform hold United Way of the Greater D shareholders and employees, or a damage or injury to me or my pro	lved in physical activities the volunteer activities that I ayton Area and all of their fany of their formunity serv	at have a potential risk of injury. I am comfortable doing. I also agree former and current officers, directorice partners responsible or liable to	assume that e that I will not ors, for any
I agree to be responsible for my beformer and current officers, directed any damages or liabilities arising to use photographs or video footal	ors, board members, emploout of my activities as a vol	yees, and their community service unteer. I also grant full permission	e partners from for organizers
Signature:		Date:	