



Group Volunteer Release Form

Company / Group Information:

Company/Group Name _____

Main Contact Name _____

Email _____ Cell Phone _____

Event Volunteering for _____ Date of Event _____

*****PLEASE NOTE** Everyone signing this form must be 18 years of age or older.***

If you are volunteering with a group of students/youth, please contact United Way for another release form.

By signing below, I certify that:

- I understand as a participant of United Way of Franklin County (UWFC), I am freely giving of my services and time. I assume responsibility for the treatment of any minor injuries which may occur during my time with UWFC. I also understand that the organization has attempted to provide for my safety to the best of their ability.
- I give permission to UWFC for the use of photos, images, or other reproductions of my image in publicity, display or public relation purposes as it pertains to any project and/or event.

Name:

Email:
