



# VOLUNTEER WAIVER

United Way of the  
Greater Dayton Area

Please sign and return this completed form to Gabby Morgan at  
[gabbym@dayton-unityway.org](mailto:gabbym@dayton-unityway.org)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company/Group/School: \_\_\_\_\_

Volunteering Location: \_\_\_\_\_

I understand that I am participating as a volunteer for United Way of the Greater Dayton Area. I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk. I agree that I will only perform volunteer activities that I am comfortable doing. I also agree that I will not hold United Way of the Greater Dayton Area and all of their former and current officers, directors, shareholders and employees, or any of their community service partners responsible or liable for any damage or injury to me or my property as a result of my participation in aforementioned volunteer event.

I agree to be responsible for my behavior and to indemnify and hold harmless United Way and all of their former and current officers, directors, board members, employees, and their community service partners from any damages or liabilities arising out of my activities as a volunteer. I also grant full permission for organizers to use photographs or video footage of me in legitimate accounts and promotions of this event. I will comply with COVID-related protocols as requested by volunteer event organizers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_