

## United Way of the Greater Dayton Area

## **VOLUNTEER WAVIER**

Please sign and return this completed form to Gabby Morgan at gabbym@dayton-unitedway.org

Name:			
Email:			
Address:			
City:	State:	Zip:	
Phone: ( )			
Volunteer Passions:			
Company/Group/School:			
Volunteering Location: _			
I understand that I am participa as a volunteer, I may be involved agree that I will only perform vo United Way of the Greater Dayto employees, or any of their comm my property as a result of my pa	d in physical activities that h lunteer activities that I am c on Area and all of their forme nunity service partners resp	nave a potential risk of injury comfortable doing. I also ag er and current officers, direc consible or liable for any dan	r. I assume that risk. I ree that I will not hold tors, shareholders and
I agree to be responsible for my	•		•
former and current officers, dire any damages or liabilities arising to use photographs or video foo	g out of my activities as a vol	lunteer. I also grant full perr	nission for organizers
Signaturo		Date:	