

United Way of the Greater Dayton Area

VOLUNTEER WAIVER

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

Name:			
Email:			
Address:			
City:	State:	Zip:	
Phone: ()	<u>-</u>		
Volunteer Passions:			
Company/Group/School: _			
Volunteering Location:			
I understand that I am participating as a volunteer, I may be involved in pagree that I will only perform volunted United Way of the Greater Dayton Amendment of their communication of their communication of the participation of the particip	physical activities that he recactivities that I amoverse and all of their formety service partners resp	nave a potential risk of inju comfortable doing. I also a er and current officers, dire consible or liable for any da	ry. I assume that risk. I gree that I will not hold ectors, shareholders and
I agree to be responsible for my bel	navior and to indemnify	and hold harmless United	d Way and all of their
former and current officers, directors any damages or liabilities arising out to use photographs or video footage	t of my activities as a vo	lunteer. I also grant full pe	rmission for organizers
Signature:		Date:	