



# ACKNOWLEDGEMENT AND RELEASE FORM

United Way of the Southern Tier is committed to making a positive difference in the Steuben and Chemung County Communities. UWST appreciates the time and effort that each volunteer contributes, and we firmly believe that your efforts will help build a better future in our community. We take seriously our obligation to provide you with a positive volunteer experience and we anticipate that you have similar goals. As such, we ask that you read through the following and indicate your agreement and acknowledgment to the terms by signing below.

I understand that I am/will be:

- 1) Spending time as a volunteer at a program offered by the United Way of the Southern Tier
- 2) Responsible for my behavior and I will only perform volunteer work and participate in activities that I am comfortable doing

Having read this Volunteer Acknowledgement and Release form, and knowing these facts, and in consideration for the acceptance of my participation in the UWST organized and/or sponsored projects, events, and functions, I, for myself and anyone entitled to act on my behalf:

- 1) Voluntarily release, discharge, waive, and relinquish any and all actions for personal injury, property damage, or wrongful death occurring as a result of the activities I may engage in through the volunteer opportunities offered by UWST
- 2) Release and forever discharge UWST and any associated or affiliated individuals or companies from any claim that arises on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time volunteering on behalf of UWST
- 3) Grant permission to UWST to photograph, record, or video tape me and/or my property
- 4) Grant UWST the absolute right to copyright, publish, use, sell, or assign any and all photographs, television spots, movie films, videotapes, and/or sound recordings of me or with my likeness

I hereby acknowledge that I have read this Volunteer Acknowledgment and Release and I am fully aware of the legal consequences of signing this instrument.

Volunteer Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Group Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

\*By typing your name above, you are accepting and signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_