

UNITED WAY EMERALD COAST'S DAY OF CARING

Photo Release and Liability Waiver

Team Lead _____ Workplace/Organization _____

PLEASE READ THE UNITED WAY EMERALD COAST PHOTO RELEASE AND LIABILITY WAIVER STATEMENTS BELOW AND INITIAL WHERE APPROPRIATE

If a volunteer is considered a minor and is under the age of 18, the parent/legal guardian must provide their initials in place of the minor to give permission.

Photo Release: By initialing below, I grant UWEC and its affiliates the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself in any media, for any purpose whatsoever, including commercial purposes, without further compensation.

Liability Waiver: By initialing below, I acknowledge that participation in certain volunteer activities are potentially hazardous activities. I understand I should not participate in these activities unless I am medically and physically able to do so, and it is my responsibility to withdraw from these activities. **I hereby release, indemnify and hold harmless** United Way Emerald Coast (UWEC), its affiliates and their directors, officers, successors and assigns, the organizers, sponsors and supervisors of all activities (parties), from any and all claims, losses, damages, or liability in connection with any injury or claim of damages including attorney fees. I understand and acknowledge that this release discharges parties from any liability or claim I may have with respect to bodily injury, personal injury or property damages that may occur while I am volunteering with UWEC and its community partners. Furthermore, I understand that parties do not assume any responsibilities or obligation to provide me with financial assistance, but not limited to medical, health or disability benefits in the event of any injury, illness or damage to my property. As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the state of Florida. And I agree that in the event, that any clause of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

Date	Name (first and last)	Parent/Legal Guardian (if applicable)	Emergency Contact & Phone Number	Initials

