



Day of Caring – Saturday, June 1 VOLUNTEER RELEASE AND WAIVER OF LIABILITY

I, the Volunteer, hereby freely and voluntarily, without duress, execute this Volunteer Release under the following terms:

1. Waiver and Release – I hereby release and forever discharge and hold harmless United Way of Kenosha County, Inc. and its successors and assigns from any and all liability, which may hereafter arise from my participation with United Way of Kenosha County, Inc. and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Kenosha County, Inc..

I understand and acknowledge that this Release discharges United Way of Kenosha County, Inc. from any liability or claim that I may have against United Way of Kenosha County, Inc., with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that United Way of Kenosha County, Inc. does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

2. Insurance – I understand that United Way of Kenosha County, Inc. does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so. AS A VOLUNTEER, I AM EXPECTED AND ENCOURAGED BY United Way of Kenosha County, Inc. TO MAINTAIN MEDICAL, HEALTH, AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY OWN BENEFIT.

3. Medical Treatment – Except as otherwise agreed to by United Way of Kenosha County, Inc. in writing, I hereby release and forever discharge United Way of Kenosha County, Inc. from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with United Way of Kenosha County, Inc. and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Kenosha County, Inc.

4. Assumption of Risk – I understand that my participation with United Way of Kenosha County, Inc. and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Kenosha County, Inc. may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release United Way of Kenosha County, Inc. from all liability for injury, illness, death, and/or property damage that may result.

5. Photography/Audio Release – I do hereby grant and convey unto United Way of Kenosha County, Inc. all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of United Way of Kenosha County, Inc., or made with its consent, during my participation in any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Kenosha County, Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I do hereby grant United Way of Kenosha County, Inc. permissions to use images, recordings, videos or any part thereof to publish, but is not required, for promotional, advertising, or other charitable purposes in any media including the world wide web related to United Way and its associated activities, including

but not limited to social media messages, news release, organizational newsletters, and other ways deemed necessary. I represent and warrant that the consent of no other third party is required to enable United Way to use the content as described herein, and that such use will not violate or infringe upon the rights of any third parties. I acknowledge and agree that United Way has the right to assign this agreement and/or the rights herein to any party. I waive any right of inspection, preapproval, or claims for compensation.

6. Other – I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city, and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I am of full age and have the right to contract in my own name and are fully aware of the content of this release. This Consent and Release contains the full and complete understanding between the parties and supersedes all prior agreements and understandings pertaining hereto and cannot be modified except by a writing signed by each party.

I acknowledge that I have seen, read, and received the United Way of Kenosha County Day of Caring Volunteer Release and Waiver of Liability.

