

**VOLUNTEER CONSENT AND RELEASE**

I hereby release the United Way of the Upper Ohio Valley and its member agencies from any liability for any accident or injury that may occur while I am volunteering as part of the **DAY OF CARING** program on September 11th, 2024.

In addition, I authorize United Way of the Upper Ohio Valley and its affiliates to take and use photographs, audio, video, radio, or television tape or film of me for purposes of publicizing **DAY OF CARING** activities.

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Name *(Print Clearly)*

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Home Address

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City, State Zip

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Signature Date

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Email

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