United Way
United Way
of Northwest Louisiana

2008 DAY OF CARING
VOLUNTEER SIGN-UP & RELEASE FORM

Returned by Friday, March 14, 2008: FAX: (318) 677-2544

(Please make additional copies as needed)

Organization: _____ Total # of Team Members: _____

I hereby release, indemnify, and hold harmless the United Way of Northwest Louisiana, the organizers, sponsors, and supervisors of all its activities from any and all liability in connection with any injury (including injury caused by negligence) in conjunction with The Day of Caring event held on Friday, May 9, 2008. Likewise, I hold harmless from liability any person transporting me to or from my United Way activity.

In addition, I hereby give to the United Way of Northwest Louisiana, to its nominees, agents, and assigns my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photograph(s), or video images of participation in the Day of Caring, May 9, 2008.

Print Name	Signature	T-shirt size*

ORDERING T-SHIRTS FOR YOUR EMPLOYEES:

United Way will provide a Day of Caring T-shirt for each employee volunteering. Please indicate size preference above. T-shirt requests are due **March 14, 2008.**

We are counting on you and your volunteers! Please make sure the exact number of volunteers you have indicated above will be helping on the Day of Caring.