

United Way of Gibson County 2025 Week of Caring

PARTICIPANT WAIVER OF LIABILITY, INDEMNITY & RELEASE AGREEMENT

I, _____, hereby agree as follows:

Points of understanding:

1. United Way of Gibson County [hereinafter referred to as "United Way"] is facilitating a week of improvements and assistance to various community non-profit and United Way partner agencies, namely, Week of Caring 2025 (the "Activity") in which I may choose to participate voluntarily.
2. I know that I am not required to participate. I am choosing to participate in the Activity of my own free will. I know that participating in the Activity may be physically demanding and that I should not participate unless I am medically able and I take proper care and caution while participating.

Waiver of Liability, Indemnity, Assumption of Risk, Hold Harmless Release & Photo/Video Rights Grant:

Having read this waiver and knowing the facts, in consideration of the opportunity afforded to me to participate in the Activity and in accordance with the spirit of volunteerism and service, I assume all risk for any injury or death that may occur as a result of my participation in the Activity.

Furthermore, I knowingly, freely, and voluntarily waive, on behalf of myself, my heirs, executors, representatives or assigns, any right, claim or cause of action of any kind whatsoever that I may have against United Way of Gibson County and all related entities, member agencies, and all participating organizations and any of its directors, employees, volunteers, agents, representatives, assigns, or sponsors (including City of Princeton and Gibson County) as a result of its facilitation of the Activity, my participation in the Activity, or the participation in any manner of any other person in the Activity, or any other activity from which any liability may or could accrue. I further agree to RELEASE, INDEMNIFY and HOLD United Way of Gibson County, and all related entities and member agencies, directors, employees and agents, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my participation in the Activity. I agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable state law and that if any portion is held invalid; I agree that the balance shall, notwithstanding invalidity of any particular term, continue in full force and effect.

I also grant the United Way of Gibson County permission to use in any way, including publishing, any video or photographs taken of me while I am working on the Week of Caring projects, and I waive any and all claims for compensation for the same.

I hereby affirm that I am over eighteen (18) years of age, I have read this document, and I understand its contents. If I do not understand its contents, I agree that I will not participate in the Activity without having conferred with my own legal counsel.

(Signature of participant)

(Date)

(Company)

***ALL VOLUNTEERS WILL RECEIVE A FREE T-SHIRT FOR VOLUNTEERING.
PLEASE CIRCLE SIZE BELOW:**

SM

MED

LG

X-LG

XX-LG

XXX-LG

Office Use Only: Day Volunteering _____ Project Location _____