

**Pocono Mountains
United Way**
PoconoUnitedWay.org



Pocono Mountains United Way
301 McConnell Street
Stroudsburg, PA 18360

**Please fill out one or all three of the applicable Volunteer Release forms
below, and return via email to Lucas@PoconoUnitedWay.org.**

TOGETHER. MORE THAN EVER.



INDIVIDUAL VOLUNTEER RELEASE FORM

DAY OF CARING 2019

I hereby release, indemnify and hold harmless Pocono Mountains United Way (the agency), and the organizers, sponsors, and supervisors of all its activities, from any and all liability in connection with any injury or claim resulting or caused in conjunction with the event, entitled 2019 Day of Caring, conducted at the agency on Thursday, Sept. 12, 2019.

In addition, I hereby grant Pocono Mountains United Way and its agents permission to utilize any comments made by me, or photographs or videos taken of me, concerning the event. I intend to be bound legally by this release.

- * If registering a team, please obtain all participants signatures
- * If a minor is participating, please fill out the minor release form

Name

Signature

Date

All forms are available on our website at <https://volunteermonroe.org>

Deadline for submission of volunteer release forms is Tuesday, September 10th, 2019. Please return to Lucas@PoconoUnitedWay.org or by mail to 301 McConnell Street, Stroudsburg PA 18360.

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TEAM VOLUNTEER RELEASE FORM

DAY OF CARING

I hereby release, indemnify and hold harmless Pocono Mountains United Way (the agency), and the organizers, sponsors, and supervisors of all its activities, from any and all liability in connection with any injury or claim resulting or caused in conjunction with the event, entitled 2019 Day of Caring, conducted at the agency or corresponding locations on Thursday, September 12th, 2019.

In addition, I hereby grant Pocono Mountains United Way and its agents permission to utilize any comments made by me, or photographs or videos taken of me, concerning the event. I intend to be bound legally by this release.

Team Leader/Organization _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
Volunteer _____	Date _____
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MINOR VOLUNTEER RELEASE FORM

DAY OF CARING

Minor Volunteer Name: _____

Adult in Charge: _____

I, _____, the parent or guardian of _____, in return for the opportunity to have my child attend and participate in the 2019 Day of Caring, do hereby agree to release Pocono Mountains United Way, its directors, officers, employees, and partners as well as the organizers, sponsors, and supervisors for Day of Caring from any and all liability, claims, demands, or injury that my child might sustain while participating in the 2019 Day of Caring, whether or not such damage, loss, or injury results from the negligence of Pocono Mountains United Way, its directors, officers, employees, and partners, or organizers, sponsors, and supervisors.

I understand that if I do not sign this release, my child will not be permitted to attend the activity. I give Pocono Mountains United Way my approval for any necessary medical treatment in the event of an emergency, and I will assume full financial responsibility for treatment. In addition, I hereby grant Pocono Mountains United Way and its agents permission to utilize any comments made by, or photographs or videos taken of me or my child concerning the event. I intend to be bound legally by this release.

By signing below, I confirm that I have read and agree to the terms of the waiver.

Name: _____ Date: _____

Signature: _____ Phone: _____



MINOR VOLUNTEER RELEASE FORM CONTINUED

Please list a primary contact in case of an emergency:

Name: _____ Phone: _____

Address: _____

Medical conditions to be aware of:

Please list any special needs and instructions below:

I have read this permission slip, know the contents thereof, and fully understand the same.

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