

Yes, I Care!

Sign up online at www.jcunitedway.com or return this form to
Day of Caring, Jennings County United Way, PO Box 446, North Vernon, IN 47265

Volunteer's Name _____ Age _____

Address _____ e-mail address _____

City, State & Zip _____ Phone _____

Organization or Team _____

Hold harmless agreement (Parent's signature also required if you are under 18 years old)

I agree to hold harmless United Way; it's volunteers, staff and project sites for any and all accidents that might occur while volunteering for the Day of Caring. I further agree to save, hold harmless and indemnify all those associated with Day of Caring from any and all liability, which results in the injury or death, which may occur surrounding participation in Day of Caring. I grant permission for my child, named above, to participate in the United Way Day of Caring and also agree to hold harmless United Way, it's volunteers, staff and project sites for any and all accidents that might occur.

Volunteer's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

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