



Give. Volunteer. Act.



United Way
Estevan

Day of Caring®

Participant Release
Waiver and Assumption of Risk

Name: _____

Phone: _____ **Organization:** _____

Emergency Contact: _____

Emergency Contact Number: _____

I hereby release, indemnify, and hold harmless United Way Estevan, the organizers, sponsors, and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with the Day of Caring®. I likewise hold harmless from liability any person transporting me to or from any Day of Caring® activity. In addition, I hereby grant United Way Estevan permission to use photographs or video containing my likeness for communication, marketing, and publicity purposes.

In order to protect yourself and others, please follow these guidelines:

- Do not participate if you suspect you may be or know you are ill.
- If you experience symptoms during the Day of Caring, depart from the project.
- Before you enter someone's home, feel free to ask the homeowner if they are experiencing any symptoms of an easily transmitted disease.
- Protect homeowner's health by practicing physical distancing, as needed.

Assumption of Risk: United Way Estevan is attempting to limit the risk of exposure to illness by using reasonable efforts to follow the health and safety guidelines recommended by the provincial and federal health authorities. Nevertheless, the Participant understands that there remains a risk that the Participant could become ill by participating in the activities.

Have you read the attached **United Way Estevan Volunteer Code of Conduct?**

If not, please do so before signing this waiver. Thank you!

Signature: _____

Date: _____

To be completed by all Day of Caring participants.