



Lake Martin Area
United Way

Lake Martin Area United Way Day of Action Volunteer Registration Form Thursday, June 21, 2018



Return completed form to: Courtney Layfield, Marketing & Initiatives Director
(uw211@unitedwaylakemartin.org or Fax to: 256-329-0110)

Which school would you prefer to volunteer? *(We will confirm with all interested volunteers as soon as possible; volunteer hours may vary by location)*
 Benjamin Russell High School (Alex City Schools) No school preference
 Central Elementary School (Coosa County) Dadeville Elementary School (Tallapoosa Co Schools)

Volunteer Information: (PLEASE PRINT)

Name _____

Business, Organization, or United Way Agency you're with: _____

Gender: F M Birth Date _____ Phone (cell preferred) _____

E-mail Address _____

Mailing Address _____ City/State _____ Zip _____

Emergency Contact _____ Emer. Contact Phone: _____

Permission to use photos: Yes No

Please note below any health issues, physical limitations, disabilities, conditions, etc., that may affect your service as a volunteer: _____

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the Lake Martin Area United Way, local governments, State of Alabama, the organizers, sponsors and supervisors of all activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any volunteer activity. In addition, volunteer officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during volunteer efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Alabama, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if volunteer is under age 18)