



**UNITED WAY OF FAIRFIELD COUNTY
COMMUNITY CARE DAY
LIABILITY AND PHOTO RELEASE FORM**

EACH PARTICIPANT MUST SIGN & RETURN THIS FORM

Participant Name: _____ Day Phone: _____
(Please print) Email: _____

Address: _____

City: _____ Zip Code: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Day Phone: _____

Company/Agency/School Name: _____

T-shirt Size (**circle one**): S M L XL XXL XXXL

Are you attending the breakfast _____ Yes _____ No _____

In consideration of my participation in the United Way of Fairfield County Community Care Day on September 10, 2019, I waive all claims and voluntarily assume all risks of accident or injury that may occur in association with the above titled event. I furthermore release and forever discharge United Way of Fairfield County, and the other sponsoring organizations from any and all liability for personal injury or property damage or loss sustained in association with participation in this activity, whether such injury, damage or loss is caused by negligence of any of the above parties or their employees, officers or agents or otherwise. The undersigned also indemnifies United Way of Fairfield County, and all other sponsors from all liability, loss and expense participant incurs in association with the above event. In addition, United Way has permission to utilize any photographs or videos taken for publicity purposes.

Furthermore, I state that I am in proper physical condition to participate in this event.

Signature of Participant: _____

Date: _____