



**Participant Waiver & Photo Release Form**  
**A PARENT OR LEGAL GUARDIAN MUST SIGN A COPY OF THIS FORM  
IN ORDER FOR THE CHILD TO PARTICIPATE IN THE DAY OF CARING**

**LIABILITY DISCLAIMER:** I hereby acknowledge that my child’s participation in volunteer activities is potentially hazardous, and that he/she should not participate in this event unless he/she is medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of my acceptance of this entry, I expressly assume any and all risks associated with my child’s voluntary participation in this event. In addition, I, for myself, my child and for anyone who might claim on our behalf, covenant to not sue and hereby WAIVE, RELEASE AND DISCHARGE THE UNITED WAY OF KNOX COUNTY, it’s agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABLITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my/his/her travel to, participation in, or return from this event.

**PHOTO RELEASE:** I hereby consent to and authorize the use or reproduction by the UNITED WAY of KNOX COUNTY of any and all photographs taken this day for the purpose of promotion, without compensation to me or my child.

I hereby acknowledge that I am the parent/legal guardian of \_\_\_\_\_ and allow him/her to participate in the Day of Caring.

Signature: \_\_\_\_\_ Phone \_\_\_\_\_

Name (please print): \_\_\_\_\_ Age of child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you have any questions, please contact the United Way of Knox County (309) 344-4434 or at [uway@bbwave.net](mailto:uway@bbwave.net)  
unitedway-galesburg.net