GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED United Way

United Way of Knox County

Participant Waiver & Photo Release Form

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM TO PARTICIPATE

LIABILITY DISCLAIMER: I hereby acknowledge that my participation in volunteer activities is potentially hazardous, and that I should not participate in this event unless I am 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 voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my 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 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.

I hereby certify that I am 18 years of age or older.

Name (please print)	**Signature**	**Age**	**Address**	**City**	**State**	**Zip**	**Phone**	**e-mail**