VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

ALL VOLUNTEERS MUST COMPLETE THIS VOLUNTEER WAIVER TO PARTICIPATE IN THE 2014 DAY OF CARING

For and in consideration of the opportunity to participate in the philanthropic volunteer program offered by United Way of Santa Barbara County, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for the personal injury, property damage or wrongful death occurring to it arising as a result of the activities or services which the undersigned may engage in through the volunteer opportunities offered by United Way of Santa Barbara County, or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities or services may continue, and the undersigned does for himself or herself, his or her heirs, agents, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for it, and agrees that under no circumstances will the undersigned or her or his heirs, agents, executors, administrators present any claim for personal injury, property damage or wrongful death against United Way of Santa Barbara County or any of their parents, subsidiaries, officers, agents, servants, or employees for any of said persons, or otherwise, except to the extent such injuries are caused by the intentional misconduct of any such persons. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE UNITED WAY OF SANTA BARBARA COUNTY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for herself or himself, her or his heirs, agents, executors, administrators agrees that in the event that any claim for personal injury, property damage or wrongful death shall be prosecuted against United Way of Santa Barbara County, the undersigned shall indemnify and save harmless the same from and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned agrees to allow United Way of Santa Barbara County, and sponsors of its events to use his or her name, voice, photo, and likeness for promotional purposes without any cash considerations or payments.

The undersigned acknowledges that she or he has read the foregoing and is fully aware of the legal consequences of signing this instrument.

________________________  __________________________
Print Name                                  Signature

________________________  __________________________
E-mail Address                             Team Name

________________________
Day Phone

________________________
Date

Signature of Parent/Guardian if volunteer is under 18

Please return this completed form to United Way of Santa Barbara County
320 East Gutierrez Street, Santa Barbara, CA 93101
Phone (805) 965-8594 * Fax (805) 962-3461 * dayofcaring@unitedwaysb.org