



United Way of  
Lancaster County, Inc.

## 2022 Volunteer Information

Print Full Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Volunteer Tax Site: \_\_\_\_\_

Volunteer Position:

Tax Preparer     Site Coordinator     Site Greeter

Signature \_\_\_\_\_

Date \_\_\_\_\_

Picture ID Received \_\_\_\_\_

Instructor

## RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by \_\_\_\_\_  
\_\_\_\_\_ (the "volunteer") in favor of United Way of Lancaster County, Inc. and its directors, officers, employees, and agents.

I, the Volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release** – I hereby release and forever discharge and hold harmless United Way of Lancaster County and its successors and assigns from any and all liability, which may hereafter arise from my participation with United Way of Lancaster County and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Lancaster County, Inc..

I understand and acknowledge that this Release discharges United Way of Lancaster County from any liability or claim that I may have against United Way of Lancaster County, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that United Way of Lancaster County does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

2. **Insurance** – I understand that United Way of Lancaster County does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so. AS A VOLUNTEER, I AM EXPECTED AND ENCOURAGED BY United Way of Lancaster County TO MAINTAIN MEDICAL, HEALTH, AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY OWN BENEFIT.
3. **Medical Treatment** – Except as otherwise agreed to by United Way of Lancaster County in writing, I hereby release and forever discharge United Way of Lancaster County from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with United Way of Lancaster County and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Lancaster County.

4. **Assumption of Risk** – I understand that my participation with United Way of Lancaster County and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Lancaster County may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release United Way of Lancaster County from all liability for injury, illness, death, and/or property damage that may result.
  
5. **Photography/Audio Release** – I do hereby grant and convey unto United Way of Lancaster County all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of United Way of Lancaster County, or made with its consent, during my participation in any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with United Way of Lancaster County, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
  
6. **Other** – I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city, and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of parent or guardian (if volunteer is a minor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date