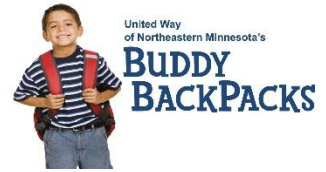




United Way of Northeastern  
Minnesota



## *Buddy Backpack*

# Volunteer Release Form

Please print and bring this form with you or scan and email to [elizabeth@unitedwaynemn.org](mailto:elizabeth@unitedwaynemn.org).

**Volunteer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Volunteer Group/Employer Name:** \_\_\_\_\_

I hereby release, indemnify and hold harmless United Way of Northeastern Minnesota, the organizers, agencies and supervisors of all its activities from any and all liability in connection with any injury to me (including any injury caused by negligence) in conjunction with Buddy Backpack food packing. I understand that this waiver includes all participation in the school year of 2018-19 (September 2018 – June 2019).

I grant to United Way of Northeastern Minnesota, its representatives and employees the right to take photographs of me and my property in connection with the Buddy Backpack program. I authorize United Way of Northeastern Minnesota its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that United Way of Northeastern Minnesota may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_ I DO NOT want photographs taken of me. I will alert United Way of Northeastern Minnesota of this preference.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_