



**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.

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 or illness to me (including any injury or illness caused by negligence) in conjunction with Buddy Backpack food packing. I understand that this waiver includes all participation in the school year of 2020-21 (September 2020 – June 2021).

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:** _____