

LIVE UNITED® DAY - September 12th, 2025

Logansport Kick Off @ McHale Complex (Riverside Park in Logansport)

Registration 8:00am – 8:30am, Kick Off 8:30am

Volunteer Release/Waiver

Please complete thoroughly!

Information about our volunteers helps with communications, reports, & grant proposals.



United Way of Cass County
300 East Broadway, Suite 101
Logansport, IN 46947
574-753-3533

www.unitedwayofcasscounty.org

This completed, signed form is due to Karli (karmstrong@unitedwayofcasscounty.org) by August 22nd

First Name: _____ Last Name: _____ Shirt Size: _____

Parent Info. (minor volunteers) First Name: _____ Last Name: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Please list any skills or volunteer interests you have that may assist us in matching you to a project:

Are you volunteering as part of a group with your employer/other organization? ___ Yes ___ No

If so, please list employer/group: _____

Availability: ___ All Day ___ Other (please provide time available) _____

A sack lunch will be provided by Chef Mike & WoodBridge Health Campus. Lunch pickup location is at Area 5's Parking Lot (Smith Street Side). Lunches need to be picked up between 12pm – 12:30pm. You can send one person from your group to pick up lunches, but they **must be preordered!**

Will you be picking up a lunch? ___ Yes ___ No

T-shirts and project locations will be given at Kick Off

If your area doesn't have a kick-off, your shirt and assignment will be with your community chair.

Release/Waiver

I hereby acknowledge that participation in LIVE UNITED® Day is a potentially hazardous activity, and that I should not participate 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 all risks associated with my voluntary participation in the event. In addition, I hereby release, indemnify and hold harmless United Way of Cass County, the organizers, sponsors, agency partners, board members, staff, as well as the project site and supervisors, from any and all liability in connection with any injury and/or property damage (including any injury or property damage caused by negligence) associated with my participation in volunteer events. The before mentioned also applies to any minor children.

I hereby authorize and consent that United Way of Cass County, its legal representatives, successors or assigns, shall have the absolute right to copyright, publish, use or assign any and all photographs, video, print material and/or sound recordings of myself or my minor child or any part thereof for the purpose of, but not limited to, social media, radio, newspaper, billboards, videos, print materials, news stories &/or television. I (or my minor child) will not receive any type of compensation and have no rights to view or approve them before they have been used. This material belongs to United Way of Cass County. I hereby waive all claims for any compensation for such use or for damages, now or anytime in the future. If subject is a minor, I hereby consent and agree to all terms and provisions stated above regarding my minor child. I state further that I have read the authorization and release, prior to its execution, that I am fully familiar with the contents thereof. I understand that there is no time limit to this release.

I hereby certify I am 18 years of age or older. If participant is under age 18, parent or guardian must sign.

Signature of Volunteer (18 yrs or older): _____ Date: _____

By entering your name, you confirm and agree to the above Release/Waiver and are 18 years of age or older.

Signature of Parent/Guardian (of minor child): _____ Date: _____