



2025 MONTH OF CARING VOLUNTEER WAIVER

I, _____, hereby release, indemnify, and hold harmless United Way of the Black Hills, its officers, directors, employees, successors, assigns, legal representatives, organizers, sponsors, owners or lessees of project sites, volunteers and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation. If you are under 18 it is essential that your Parent or Guardian signs the form to give consent for you to act as a volunteer.

I further understand that I am expressly assuming all risk, including but not limited to, all risk of injury or death associated with my volunteer participation in the activities for United Way.

I further grant permission to United Way of the Black Hills to use, without cost, any videos, photographs, or audios taken of me during the volunteer event for publicity purposes.

I acknowledge that I am of legal age, have read this release and am voluntarily and intelligently executing this release as a legal and binding document.

Date: _____ Signature _____

Print Name _____ T-shirt size _____

Email (if applicable) _____

Organization Name _____

Team Leader _____

Parent or Guardian Consent (Required for all volunteers under age 18)

Signed: _____ Date: _____

RETURN WAIVER by 8/15/25 to receive a shirt.

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