



Matagorda County  
United Way



# Matagorda County United Way

**DAY OF CARING**  
**Friday, April 24, 2026**  
**Volunteer Waiver**

**All participants must sign this form before being allowed to participate. Participants must be 14 years of age or older. Participants under the age of 18 years MUST be accompanied by a parent or guardian.**

**COMMUNICATIONS RELEASE:** I hereby assign the rights to any audio, video and/or photographic recording(s) made of me during the Day of Caring or otherwise related to my participation in any volunteer activity of Matagorda County United Way or its agencies to Matagorda County United Way. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast, publication and/or nonprofit use and distribution of said photographs and recordings for purposes deemed suitable by Matagorda County United Way. I hereby waive any right to approve the finished products.

**LIABILITY DISCLAIMER:** In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur during my voluntary participation in the Day of Caring and/or any other Matagorda County United Way volunteer activity. Therefore, I hereby release, indemnify, and hold harmless Matagorda County United Way, its agents, staff, Partner Agencies, Day of Caring event organizers, donors/sponsors, volunteers, and any and all persons participating in Day of Caring activities and/or any Matagorda County United Way volunteer activities from any and all liability in connection with any injury (including any injury caused by negligence) incurred by me as a result of my participation in any activity associated with the Day of Caring and/or any Matagorda County United Way volunteer activities. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in this event, including, but not limited to, accident and/or illness, and the effects of the weather, all such risks being understood and appreciated by me.

**(Please select the applicable statement and initial the blank line next to that sentence.)**

\_\_\_\_\_ I certify that I am over eighteen years of age and am competent to enter into this release.

\_\_\_\_\_ I certify that I am between the ages of 14 – 17; however, I will be accompanied by a parent or guardian over the age of 18 and I have the consent of a parent or guardian to participate.

Name (please print): \_\_\_\_\_ Company or Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

I have read the foregoing before signing below and warrant that I fully understand its contents.

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

Signature of Parent (participant is under the age of 18 Years): \_\_\_\_\_ Date: \_\_\_\_\_

I have the following skills and/or experience that might be helpful: (NO SKILL OR EXPERIENCE REQUIRED.)

\_\_\_\_\_  
\_\_\_\_\_

**Although we supply all materials and try to supply all necessary tools, please bring your own tools if you prefer to use them.**

Please Return to: **Matagorda County United Way**  
2417 Avenue G or P. O. Box 972, Bay City, Texas 77404-0972  
979-245-5852 ~ mcuw@sbcglobal.net ~ mcuwsec@sbcglobal.net