

2018 Fergus Falls Day of Caring Project Registration Form



This service event is open to senior citizens, military veterans or anyone else who may have a special circumstance that prevents them from doing various jobs around their homes. Community projects will be accepted as well!

Name of Person completing form (if different from below): _____	
Name of Recipient: _____	Phone Number _____
Address: _____	City: _____
Email: _____	Alternative Contact Phone # _____

Emergency Contact & Phone Number: _____

Read and sign the release of liability statement:

I hereby release and hold harmless United Way of Otter Tail County and the organizers, sponsors and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence) received in conjunction with the 2018 event.

(Recipient's signature)

(Date)

Photo Release (check one):

- Yes, United Way of Otter Tail & Wadena Counties has permission to use my name and photographs/videos for publicity purposes.
- No, United Way of Otter Tail & Wadena Counties does not have permission to use my name and photographs/videos for publicity purposes.

COMMUNICATIONS RELEASE: I hereby assign the rights for video and /or photographic recording(s) made of me participating in the 2018 Day of Caring event to United Way of Otter Tail & Wadena Counties or its agencies. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and or nonprofit use and distribution of said recordings for purposes deemed suitable by United Way.

1. I hereby waive any right to approve the finished products.
2. I certify that I am over eighteen years of age and am competent to enter into this release.
3. I have read the foregoing releases, authorizations, and agreements, before affixing my signature below and warrant that I fully understand their contents.

(Property owner/ renter signature)

Date

Projects

*Projects may include, but not limited to, cleaning out a flowerbed, raking lawns, cleaning out a fridge, trimming hedges, washing windows, vacuuming a floor, picking up garbage, etc. **All supplies, other than garbage bags and rakes, to be supplied by the resident; window washing supplies, gardening tools, etc.***

Estimate of how many volunteers are needed? Minimum _____ Maximum _____

Projects to be done:

(Describe in detail the project. For example, how big is your lawn or flower garden?)

The client will need to provide supplies for the requested project including window washing supplies, gardening equipment – clippers, hoes, shovels, etc... United Way will provide rakes and garbage bags! Thank you!

Please send completed applications to:

United Way of Otter Tail & Wadena Counties
Attn: Alison Francis
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Perham, MN 56573
Phone: 218.770.9406
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Website: www.uwotw.org