

# VOLUNTEER!

JOIN **SMITHFIELD CITY** FOR COMCAST CARES DAY

**SATURDAY, APRIL 30, 2016**

Volunteer sites will be located throughout Smithfield City including projects at Skyview High, Birch Creek Elementary, Summit Elementary, and Sunrise Elementary schools

For every volunteer that participates, Comcast will contribute a grant on his/her behalf.

**This grant money will go toward the library renovation and a new splash pad!**

## SIGN UP

You can **complete the release form** on the back and return the main office at Smithfield City Hall by **March 16**. The mailing address is 96 South Main, Smithfield, UT 84335.

## SCHEDULE

**7 AM - 8 AM**

Sign-in/Breakfast

**8 AM - 12 PM**

Service Projects

**12 PM - 1 PM**

Lunch



**INVITE YOUR FAMILY AND FRIENDS!**

Volunteers may receive a **free breakfast (donuts), lunch, and t-shirt**

**#CCDayUtah**



See registration form on the other side





**Comcast Cares Day · Saturday, April 30, 2016**  
**VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY AGREEMENT**

**Please join us at**

City	Location	Address
Smithfield	Smithfield Recreation Center	315 East 600 South

**ADULT VOLUNTEER (1 FORM PER ADULT)**

Full Name: .....

Are you a Comcast employee? Yes No

T-shirt size: S M L XL XXL 3XL 4XL 5XL

Related to a Comcast employee?	Family	Friend	None
Employee's full name:	.....		

Email: .....

**UNDER 18 ON DAY OF EVENT**

**(PARENT/GUARDIAN MUST SIGN BELOW)**

Full Name: .....

Full Name: .....

T-shirt size: YS YM YL S M L XL XXL

T-shirt size: YS YM YL S M L XL XXL

Age: .....

Age: .....

Full Name: .....

Full Name: .....

T-shirt size: YS YM YL S M L XL XXL

T-shirt size: YS YM YL S M L XL XXL

Age: .....

Age: .....

**RELEASES**

I acknowledge that I am participating in a project for Comcast Cares Day to occur on a date between April 1 and April 30, 2016. I further acknowledge that my participation is voluntary and I will not be compensated.

I hereby release and hold harmless Comcast Corporation, its affiliates, subsidiaries, and their respective officers, directors, employees, agents, successors and assigns ("Comcast") from any and all claims associated with any injury sustained by me or to my property that may arise from my participation in this event. I knowingly and freely assume all risks associated with my participation in this event. If I feel something is unsafe, I will bring it to the attention of the event organizers. I further understand and agree that the release contained in this Agreement is intended to be as broad and inclusive as is permitted by the laws of the state in which this event takes place and that if any portion of this Agreement is held invalid the balance of it shall continue to be in full force and effect.

By signing below, I hereby irrevocably grant Comcast permission to use my name and to photograph, record and use my likeness and voice ("Likeness") and consent to the use of my Likeness in Comcast materials, regardless of their form (the "Uses"). Consent to the Uses includes the right to change, modify and alter the Uses in connection with advertising, publicity and promotion of Comcast Cares Day in any manner and in any media, now or hereafter known. I understand, acknowledge and agree that Comcast's right to make the Uses, either itself or at its direction, shall be royalty free, perpetual, and worldwide. I waive any right to inspect or approve the Uses and release Comcast from any and all claims arising from the Uses. I affirm that the grant of rights and consents described herein do not conflict with any other agreement or requirement to which I am subject. In consideration of Comcast's reliance on my permissions, consents and waivers hereunder, I agree not to assert claims of any nature whatsoever against anyone in connection with Comcast's exercise of the rights granted hereunder.

By signing below I acknowledged that I have read and understand the terms of this Agreement, verify the accuracy of the information set forth herein and confirm that I have the authority to enter into this Agreement. I acknowledge that I am giving up significant legal rights by signing this form.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN OF PARTICIPATING MINOR CHILDREN REGISTERED ABOVE:**

I, \_\_\_\_\_, am the parent or legal guardian of the minor child(ren) registered above. By signing below, I acknowledge and agree that the releases, permissions, consents and waivers set forth above are applicable to my minor children to the fullest extent permitted by applicable law. I further acknowledge and agree that I am solely responsible for supervising my children during the event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_