



Project Request form

Deadline to apply April 17, 2024

Event Day April 26th, 2024

This service event is open to senior citizens, military veterans, community agencies, non-profits, and or anyone else who may have a special circumstance preventing them from doing various jobs around their homes (illness, injury, or other special need). Community projects will be accepted as well! **Please mail project request to United Way of Otter Tail & Wadena Counties 120 E Washington Ave, Fergus Falls, MN 56537.**

Name of person/agencies/non-profits completing form: _____

Name of contact: _____

Address: _____, New York Mills, MN 56567

Best Contact Phone Number: _____

Email address: _____

Project needing assistances with: _____

READ & SIGN THE RELEASE OF LIABILITY STATEMENT:

I hereby release and hold harmless United Way of Otter Tail & Wadena Counties 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 2024 event.

I accept _____ (initial)

YARD SIGN RELEASE:

- Yes, United Way of Otter Tail & Wadena Counties has permission to place a sign in my front yard.
- No, United Way of Otter Tail & Wadena Counties does not have permission to place a sign in my front yard.

PHOTO RELEASE:

- 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.

COMMUNICATION RELEASE:

I hereby assign the rights for video and /or photographic recording(s) made of me participating in the 2024 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.

Client's Signature

Date