Lyme's Day of Service

Saturday, May 7, 2022

Or_____

Mutually Agreed Upon Date

Liability Release

FOR RECIPIENT OF HELP:

1. I understand that _____

Print name(s) of volunteer(s)

is/are doing some work for me today as volunteers for Lyme's Day of Service. I hereby release them and the organizations from any liability in connection with this work.

2. Photographic Release. I grant and convey unto CCL all right, title, and interest in all photographic images and video or audio recordings made by CCL during the work completed by CCL volunteers for Day of Service.

_____ Help Recipient's Name

Please print

_____ Help Recipient Signature

_____ Date

CommunityCare of Lyme