

VOLUNTEER!

JOIN SMITHFIELD CITY FOR COMCAST CARES DAY
SATURDAY, APRIL 21, 2018

SIGN UP



You can **complete the release form** on the back and return the main office at 96 S Main St, Smithfield, UT by **March 31**.

Or Register Online at:

<https://www.comcastinthecommunity.com/Project/Detail?projectId=9855>

WHERE



Throughout the City: Clean up several parks and trails, plant flowers, repair fences, landscape, and much more!

BONUS



Your wristband gets you a **FREE** t-shirt, breakfast and lunch!



For every volunteer that participates, Comcast will contribute a grant on his/her behalf. This **grant money** will go toward improvements for the **city!**



SCHEDULE



7 AM - 8 AM

Sign-in/Breakfast

8 AM - 12 PM

Service Projects

12 PM

Lunch

Service projects happen rain or shine!



INVITE YOUR FAMILY AND FRIENDS!

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

#ComcastCaresDay



See registration form on the other side





Comcast Cares Day · Saturday, April 21, 2018
VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY AGREEMENT

Please join us at

City	Location	Address
Smithfield	Smithfield Recreation Center	315 E. 600 S.

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

Email:

Employee's full name:

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 have agreed to participate in a project for the 2018 Comcast Cares Day. My participation is voluntary, and I understand that I will not be compensated for my participation. By signing below:

I 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 discover a condition that is unsafe, I will bring it to the attention of the event organizers. I understand and agree that this release 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.

In addition, I irrevocably grant Comcast permission to use my name, likeness, performance, and voice as part of photography, video, or other recordings of Comcast Cares Day (the "Recordings"). Comcast may copy, edit, and create derivative works from the Recordings, and display and distribute the Recordings (as well as derivative works) in any manner and in any media, now known or later developed. For example, Comcast may use of photographic stills and video clips from the Recordings in marketing materials to promote Comcast Cares Day or other Comcast products or services, which may be distributed through broadcast, print, and online media. I understand, acknowledge and agree that Comcast's use of the Recordings, either itself or at its direction, shall be royalty free, perpetual, and worldwide. I waive any right to inspect or approve the Recordings and release Comcast from any and all claims arising from the Recordings. 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. I acknowledge that Comcast will rely on this Agreement and therefore agree not to assert claims of any nature whatsoever against anyone in connection with Comcast's exercise of the rights granted hereunder. This waiver shall be binding on my heirs and assigns.

By signing below I acknowledge 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:** _____