



One person can  
change one life  
Be the ONE  
SUPPORT THE CAUSE

# Tiffin-Seneca United Way Day of Caring



**Saturday, October 09, 2021**

**Registration & Light Breakfast 8:15 a.m.**

**Released to Service Projects 8:45—Noon**

**At the School of Opportunity - 780 East County Road #20, Tiffin, OH 44830**

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Day of Caring: \_\_\_\_\_

Sex: M or F (Please circle one) Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

T-Shirt Size - Circle One: Adult: S - M - L - XL - XXL,- XXXL Youth: S - M - L

Are you coming for Breakfast? Yes \_\_\_\_\_ No \_\_\_\_\_ Bagged Lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

**DAY OF CARING RELEASE WAIVER (please read carefully):** In consideration of the acceptance of this registration, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the Day of Caring organizers, directors, promoters, managers, agents, sponsors, their representatives and successors, employees and volunteers of the Day of Caring 2019 event from any and all claims of injury or liabilities of any kind, illness or damage suffered by me, as a result of my participation in or traveling to or from this event. I know that activities completed during this Day of Caring could potentially be hazardous to my health. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a organizers relative to my ability to safely complete the duties assigned. I assume all risks associated with the activities in this Day of Caring event, including, but not limited to, falls, contact with other participants, the effects of weather (including high heat, rain, or cold), traffic and other conditions, all such risks being known and understood by me. I realize that this event may contain some strenuous activities and that I am in proper physical conditioning. I hereby certify that I am in such physical condition and in good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

**Signature/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

Register at Tiffin-Seneca United Way , 201 S. Washington St. , Tiffin, OH 44883

Or, by calling United Way at 419-448-0355, or go On-line to [www.tiffin-seneca-unitedway.org](http://www.tiffin-seneca-unitedway.org)