

VOLUNTEER!

JOIN US at **JACOBS CITY YMCA**

FOR COMCAST CARES DAY

SATURDAY, APRIL 30, 2016

Please join us on Comcast Cares Day to help complete beautification service projects that the community can enjoy for years to come!

I'M WITH



SIGN UP

You can **complete the release form** on the back and return the main office at Jacobs City YMCA by February 28. The mailing address is 1010 W Lind St, Tucson, AZ 85705

SCHEDULE

7 AM - 8 AM
Sign-in/Breakfast
8 AM - 12 PM
Service Projects
12 PM - 1 PM
Lunch

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INVITE YOUR FAMILY AND FRIENDS!

ALL volunteers will receive a **free breakfast, lunch, and t-shirt**

#CCDayAZ



See registration form on the other side



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Please join us at

City	Location	Address
Tucson	Jacobs City YMCA	1010 W Lind St

ADULT VOLUNTEER (1 FORM PER ADULT)

Full Name: Are you a Comcast employee? Y N

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

Email:

<p>Related to a Comcast employee? Family Friend NONE Employee's full name:</p>

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
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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

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: _____



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