VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY AGREEMENT

Comcast Cares Day VOLUNTEER REGISTRATION

Employee Volur	iteer:			
Name:			T-shirt size:	Division/Entity:
Work Location:				<u> </u>
City:	State:	Zip Code:	E-mail:	Phone:
Project Name/ L	ocation:			
Non-Employee \	Volunteer:			
Name:			T-shirt size:	Address:
				Phone:
Participating chi	ldren under eigh	teen (18) years of ag	e as of the date of the	event:
· -	_			
				T-shirt size:
RELEASES				
_			mcast Cares Day anticip and I will not be compen	pated to occur on a date between April 1 and April 30, 2013.
arise from my passomething is unsomething is unsomething is unsomething is unsomething. Agreement is into portion of this Age By signing below ("Likeness") and the right to chan and in any media direction, shall be all claims arising requirement to we to assert claims of the signing below.	articipation in thi afe, I will bring it ended to be as by the area of the are	s event. I knowingly to the attention of the road and inclusive as avalid the balance of it ably grant Comcast prepare of my Likeness in Conter the Uses in conner known. I understan petual, and worldwidd affirm that the grant to the consideration of tsoever against anyon that I have read and	and freely assume all the event organizers. I further is permitted by the law to shall continue to be intermission to use my national materials, regard action with advertising, d, acknowledge and agree. I waive any right to it of rights and consents a Comcast's reliance on the inconnection with Coll understand the terms.	with any injury sustained by me or to my property that may risks associated with my participation in this event. If I feet of the state in which this event takes place and that if any full force and effect. The and to photograph, record and use my likeness and voice deless of their form (the "Uses"). Consent to the Uses include publicity and promotion of Comcast Cares Day in any manne ee that Comcast's right to make the Uses, either itself or at its aspect or approve the Uses and release Comcast from any and described herein do not conflict with any other agreement of my permissions, consents and waivers hereunder, I agree no mcast's exercise of the rights granted hereunder. To of this Agreement, verify the accuracy of the information ment. I acknowledge that I am giving up significant legal rights
Signature of Vol	unteer:			Date:
TO BE COMPLET	ED BY PARENT/	GUARDIAN OF PART	ICIPATING MINOR CHI	LDREN REGISTERED ABOVE:
				of the minor child(ren) registered above. By signing below,
acknowledge and	d agree that the	releases, permissions	, consents and waivers	set forth above are applicable to my minor children to the nat I am solely responsible for supervising my children during
Signature of Pare	nt/Guardian:			Date: