

2019 COMCAST CARES DAY - VOLUNTEER REGISTRATION FORM

PROJECT NAME _____

Name: _____

Email Address: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large XL
 2XL 3XL 4XL 5XL

What type of volunteer are you?

Comcast or NBCUniversal Employee Guest of an Employee Community Partner General Volunteer

If you are from a community partner organization, specify your group name: _____

If you are the guest of a Comcast employee, specify the employee's name: _____

If you are the parent/guardian of a participating minor (under 18), provide the child(ren)'s information below:

Name: _____ Age: _____ T-shirt size: _____

Name: _____ Age: _____ T-shirt size: _____

Name: _____ Age: _____ T-shirt size: _____

Name: _____ Age: _____ T-shirt size: _____

RELEASE OF LIABILITY AGREEMENT

I have agreed to participate in a project for Comcast Cares Day 2019. My participation is voluntary, and I understand that I will not be compensated for my participation. 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.

If applicable, I acknowledge that 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: _____

Date: _____