

**LIABILITY RELEASE & CONFIDENTIALITY AGREEMENT**

I understand that this is an application to volunteer with Hopelink and does not guarantee I will be placed.

I have received and read a copy of Hopelink’s Volunteer Policies. I understand the policies and agree to act according to them during my tenure as a Hopelink Volunteer. I acknowledge that a breach in any of these policies may result in my discharge as a volunteer. I understand that my volunteer service with Hopelink may be terminated at will by either party. By signing below, I hereby release, indemnify and hold harmless Hopelink, its officers, directors and employees, supervisors, organizers and sponsors of Hopelink activities from any and all liability in connection with any injury I sustain (including any injury caused by negligence) in conjunction with volunteering with Hopelink. I understand that any claims arising out of the use of my personal vehicle are my responsibility.

In accordance with Hopelink policies, both client and donor information is strictly confidential. It is imperative that anything you see, hear, or witness regarding any of our clients or donors and their circumstances remains strictly confidential. Volunteers are not to disclose client or donor information to anyone, including other clients, volunteers, donors, or individuals on or off Hopelink premises.

Exceptions are as follows:

- Where mandated by law
- To prevent a clear and immediate danger to persons
- When a defendant in a civil, criminal or disciplinary action arising from the contact
- In accordance with a written waiver

Volunteers are to responsibly store and dispose of all records and documents in ways that maintain confidentiality. Any violation of client or donor confidentiality will be grounds for immediate dismissal of all volunteer duties. Volunteers must be at least 7 years old.

**Photo/Video Release Form**

I hereby give Hopelink the right and permission to copyright and/or use, reuse and/or publish, and republish photographic pictures, videotape or portraits of me, with my own or a fictitious name, or reproductions thereof in color or black and white made through any media for any purpose whatsoever.

I hereby waive any right to inspect or approve the finished photograph, advertising copy, video or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the photographer and/or videographer, his/her representatives, assigns, employees or any person or persons, corporation or corporations, acting under his/her permission or authority, or any person, persons, corporation or corporations, for whom he/she might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same.

I hereby warrant that I am over eighteen years of age, and competent to contract in my own name insofar as the above is concerned and/or am the legal guardian of a child who will be photographed/video taped.

I am not going to receive compensation for these photographs/video images.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
Minor's Name (printed)

\_\_\_\_\_  
Parent or Guardian's Name (printed)

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Parent or Guardian's Signature

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Witness's Name (printed)

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Witness's Signature

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Date of Signature

**Never**

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Date of Expiration