



**Humane Society
of SKAGIT VALLEY**

RELEASE AND WAIVER OF LIABILITY, INDEMNITY, AND CONFIDENTIALITY

As a condition of volunteering with HSSV, I agree not to divulge any information concerning clients, donors, members, staff, volunteers, and of HSSV itself. Personal and financial information is confidential and should not be disclosed or discussed with anything besides the Executive Director without permission or authorization from the Executive Director. I recognize that in addition to the potential harm to a client and their family from the release of confidential information, the unauthorized release of information, by me, may subject me to civil liability, under the provisions of the state law. It is the policy of HSSV that information must be kept confidential both during and after volunteer service. Volunteers are expected to return or delete materials containing privileged or confidential information at the time of separation from HSSV or expiration of service. I hereby release, waive, indemnify and hold harmless HSSV, it's directors, officers, employees, and volunteers from any loss, liability, and damage due to my voluntary participations with HSSV. I hereby assume full responsibility for the risk of bodily injury, death, or property damage. I further agree that the foregoing release and waiver of liability and indemnity agree is intended to be as broad and inclusive as is permittee by the law of the state of Washington , and that if any portion thereof is held inavilf, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read and voluntarily signed the release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements, or inducements, apart from the foregoing written agreement have been made, Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

Volunteer Signature

Date

Printed Name

Date

Guardian permission to participate (if under 18)

Date



PHOTO/VIDEO RELEASE

I (we) give permission to HSSV to use photographs, and/or video, and/or audio of myself and/or my (our) child obtained while participation as a volunteer with the agency. I (we) release HSSV from any and all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, tapes, and reproductions, as well as waive my (our) right to inspect and approve the finished photographs and or/tapes.

Volunteer Signature

Date

Printed Name

Date

Guardian permission to participate (if under 18)

Date