

**Confidentiality Agreement**

As a volunteer for Covered, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization, in addition to the database. I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position with Covered. I also agree not to discuss these same matters after I have left my volunteer position with Covered.

I agree that the database and the contents of such is the sole property of Covered and I will not use any of the information except for the purposes assigned to me by the organization.

I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with Covered, except where such disclosure is consistent with stated policy and relevant legislation. I understand the above and accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

**Release and Waiver of Liability**

This Release and Waiver of Liability, (the “Release”) executed on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the Volunteer, in favor of the Covered, a not--for--profit organization, their directors, officers, employees, and agents. Covered’s goal is to assist people 18+ who have been trafficked to become self-sustainable citizens. Because of the nature of the business of this organization and the danger risked by our clients, it is requisite that confidentiality be maintained at all times.

As the Volunteer I do hereby freely, voluntarily, and without duress execute this Release under the following terms:

**1. RELEASE AND WAIVER:** Volunteer, for him/herself and his/her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless Covered and its officers, directors, trustees, employees, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with Covered. Volunteer understands that this Release discharges Covered from any liability or claim that the Volunteer may have against Covered with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with Covered, whether caused by the negligence of Covered or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against Covered for any such injury or damage. Volunteer also understands that Covered does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

**2. MEDICAL TREATMENT:** Volunteer does hereby release and forever discharges Covered from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with Covered Volunteer authorizes Covered to act, in its best judgment, on Volunteer’s behalf in case of an emergency.

**3. ASSUMPTION OF THE RISK:** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, meeting with Survivors, loading and unloading supplies, and providing clerical support in Covered Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Covered from all liability for injury, illness, death, or property damage resulting from the Activities.

**4. VOLUNTARY SERVICE**: Volunteer understands and acknowledges that he/she may decline any volunteer role or position at any time if he/she feels such role or position presents a risk to health or safety or for any other reason. Volunteer agrees to advise Covered of any preexisting conditions that would preclude involvement in any activity.

**5. INSURANCE:** The Volunteer understands that, except as otherwise agreed upon by Covered in writing, Covered does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.

**6. OTHER:** Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue to be enforceable. Volunteer represents that he/she is 18 years of age or older.

**7. PHOTOGRAPHIC RELEASE:** Volunteer does hereby grant and convey unto Covered all right, title and interest in any and all photographic images and video or audio recordings made by Covered during the Volunteer’s Activities with Covered, including, but not limited to, any donations, proceeds, or other benefits derived from such photographs or recordings.

IN WITNESS WHEREOF, Volunteer has executed this Release as to the day and year

first written. I also understand and agree to Covered’s Confidentiality Agreement.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_