



**CONFIDENTIALITY AGREEMENT / PHOTO / MEDIA RELEASE WAIVER**

**HOPE HELPS, INC.**

**Confidentiality** - I, the undersigned, do hereby swear that I will not discuss, disclose, copy, share, distribute or otherwise make available to any other persons or organizations, any and all information of HOPE, its donors, clients, and businesses with which HOPE conducts business, including but not limited to names, addresses, email addresses, phone numbers, social security numbers, client information, employment history, donation/giving history, etc., made available to me during or in any way related to the course of my employment / internship / volunteer or work-study program at HOPE.

I understand that the information and data is the confidential property of HOPE and its donors, clients and businesses with which HOPE conducts business, and is of a sensitive nature. I also understand this information, data and other resources are the exclusive property of HOPE. My violation of this agreement of confidentiality is subject to prosecution under the laws of the State of Florida, and I hereby agree to fully indemnify, defend and hold harmless HOPE, its directors, employees and agents, from all damages, liabilities, claims and causes of action resulting from my breach of this agreement.

**Waiver and Release:** I release and forever discharge and hold harmless HOPE Helps, Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from my volunteer work at HOPE Helps, Inc. I understand and acknowledge that this Release discharges HOPE from any liability or claim that staff/volunteer/individual and minor may have against HOPE with respect to bodily injury, illness, death, or property damage that may result from participation in the HOPE work. It is also understood that HOPE does not assume any responsibility for obligation to provide financial assistance or other assistance, including but not limited to, medical, health or disability insurance in the event of injury, illness, death or property damage.

**Photo / Media Release:** I hereby authorize the use of photographs, motion pictures, videotapes, electronic sound recording for HOPE Helps, Inc. now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by the HOPE Helps, Inc. (I understand that I may be identifiable from such photographic or electronic reproductions).

I further agree that if I use my personal automobile I will keep in effect automobile liability insurance equal to or greater than the minimum required by the State of Florida. I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

**Agreed and accepted by:**

Print Volunteer Name \_\_\_\_\_ Print Name \_\_\_\_\_  
*(If signing on behalf of minor)*

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ and Emergency Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Signature / Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature / Date \_\_\_\_\_  
 Signature (if signing on behalf of minor) \_\_\_\_\_ Date \_\_\_\_\_

I am signing this form as an individual      yes      no  
 I am a volunteer      yes      no  
 I sign this form as a representative of a group      yes      no  
 Name of the group/organization \_\_\_\_\_

For Office: Background Check done by \_\_\_\_\_