



Confidentiality Pledge

I understand that the names of individuals, businesses, and families being served by Special Kids are private information. I agree that I will not reveal such information, regardless of how or where I acquired it, to any person or agencies not authorized by the patient or the family.

I further understand that this agreement shall continue to bind me even after I am no longer volunteering/interning/shadowing for Special Kids.

I further agree that I will not use, in any way other than in the course of my tenure, at the company, any information deemed confidential.

I further agree that I will not use, in any way any information deemed confidential on social media sites; Facebook, Twitter, Instagram, You Tube, or other similar sites.

Special Kids is a Medical facility and we adhere to the HIPAA policies to protect our clients. I further understand that I cannot ask questions regarding individual patients or their care.

I also waive all rights that I may have at law or in equity relating to the disclosures hereby authorized and release *Special Kids* from any responsibility for use of the material when publicized.

Signature of Volunteer/Intern/Student

Date

Print name

Phone Number

Volunteer/Intern Student email address

Parent/Guardian Signature (if under 18)

Date

Emergency Contact Name

Phone number

Witness Signature

Date

Photo Consent

I hereby authorize for publication in any manner, using any media, all information and photography assembled by *Special Kids* personnel or its assignees of _____.



Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on (date) _____ by (applicant) _____ releases Special Kids, a nonprofit corporation organized and existing under the laws of the State of Tennessee and each of its directors, officers, employees, agents, and related entities (hereinafter collectively "Special Kids"). The applicant desires to provide services for Special Kids and engage in activities related to serving in their assigned capacity.

The applicant understands that the scope of relationship with Special Kids is limited to an assigned position and that no compensation is expected in return for services provided; that Special Kids will not provide any benefits traditionally associated with employment to the applicant, and that the applicant is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of assigned services to Special Kids.

1. **Waiver and Release:** I, the applicant, release and forever discharge and hold harmless Special Kids 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 or may hereafter arise from the services I provide to Special Kids. I understand and acknowledge that this Release discharges Special Kids from any liability or claim that I may have against Special Kids with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Special Kids or occurring while I am providing volunteer services.
2. **Insurance:** Further I understand that Special Kids does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Special Kids beyond what may be offered freely by Special Kids in the event of such injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge Special Kids from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure with Special Kids.
4. **Assumption of Risk:** I understand that the services I provide to Special Kids may include activities that may be hazardous to me including, but not limited to heavy lifting and outside work (in cold or heat).

Volunteer/Intern/Student Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Witness _____ Date _____

If applicant is under 17 and getting a Tb test at Special Kids, we will require a parent/guardian signature.

Parent/Guardian Printed name _____

Parent/Guardian Signature _____ Date _____