



**VOLUNTEER
WAIVER OF LIABILITY, MEDIA RELEASE, CONFIDENTIALITY**

Directions: A completed waiver is required from every volunteer wishing to participate in any Epilepsy Foundation of San Diego County event, so please copy as necessary. Volunteers under the age of 14 MUST be accompanied by an adult and have a waiver form signed by parent/guardian. Volunteers aged 14-18 who are unaccompanied by an adult MUST bring a waiver form signed by a parent or guardian in order to participate.

Waiver of Liability: I hereby waive any right or cause of action arising as a result of my participation in volunteering with the Epilepsy Foundation of San Diego County (EFSDC) from which any liability may or could accrue against EFSDC, sponsors, participating agencies, independent contractors or the officers, volunteers, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me, or damage to my property, sustained in connection with my activities for the Epilepsy Foundation of San Diego County.

Media Release: I also hereby authorize and consent that the Epilepsy Foundation of San Diego County, sponsors, independent contractors and participating agencies have the right to copyright, publish, use, sell or assign any and all photographic pictures, including any photographs or displays of artwork, videotapes and/or sound recordings taken or made of me or the youth mentioned below or in which I or the youth mentioned below may be included in whole or part. I grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of the Epilepsy Foundation of San Diego County, EFSDC sponsors, independent contractors and participating agencies. I relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.

Confidentiality:

I acknowledge any client information disclosed during sessions or events and any artwork produced will be held in strictest confidence. I understand that I must report to the EFSDC supervising staff or therapist immediately if I observe any signs of abuse or neglect of minors. Literal and direct threats to others or the property of others are required to be reported to authorities and the threatened person. In the case of clients under 18, such threats must also be reported to their parent or guardian.

Volunteer Name: _____

Signature: _____ Date: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

If under 18 years: Volunteer Age: _____

Parent/Guardian: _____ Date: _____

(Please Print)

Parent/Guardian Signature: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____