



Volunteer Release and Confidentiality Form

Name:	
Address:	
City, State Zip	
Phone:	E-mail:
Affiliation (if any):	

In return for being allowed to participate in Lee County Homeless Coalition (LCHC) volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the LCHC or its officers, CityGate Church, Lee County, member agencies, directors, employees, sub-contractors, sponsors, partners, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

By signing below, I understand that I represent the Lee County Continuum of Care and the Lee County Homeless Coalition and that I am over the age of 18. I hereby agree to hold harmless and release the Lee County Continuum of Care; its member organizations, their boards/trustees, employees, volunteers, count organizers; and other participants in the Lee County Point-In-Time (PIT) Count 2020 and/or the Homeless Service Day and Veteran Stand Down from any liability for any accident, injury or death or any theft or loss of property arising from the participation as a Volunteer, regardless of whether incurred as a result of negligence or other.

I voluntarily assume these and any other risks in participating in the PIT Count and/or Stand Down and waive all claims and causes of action that may arise out of my participation. I have agreed to serve as a volunteer for the LCHC PIT Count and/or Stand Down. I understand that as a volunteer it will be necessary for me to handle and process confidential information. I acknowledge that I will keep all information confidential while a volunteer and that it is my responsibility to keep this information confidential even after I end my volunteer duties for the PIT Count and/or Stand Down.

I understand and agree that the LCHC are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless the LCHC for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that the LCHC have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the LCHC.

If under 18 years of age

If under 18 years of age, I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. (We will accept Parent/Guardian Signature on day of event).

In return for being allowed to participate in Lee County Homeless Coalition (LCHC) volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") hereby grants to the LCHC the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I understand that I am not to disclose any identifying confidential information and/or records or to engage in casual or informal conversation identifying any individual involved in the PIT Count and/or Stand Down. I have read and fully comprehend the information pertained in this form and agree to the terms of this release. By signing below, I acknowledge that it is my responsibility to comply with all relevant laws, policies, and regulations concerning access, use, maintenance and disclosure of information made available to me as a volunteer in the PIT Count and/or Stand Down.

Signature

Date

Printed Name

Parent/Legal Guardian Signature

Date

Printed Name

Please complete this form and return it to Therese Everly
Lee County Homeless Coalition, 1500 Colonial Blvd. Ste. 235, Fort Myers, FL 33907
Email: Therese@leehomeless.org