



**PHYSICAL WAIVER**

I hereby acknowledge that by participating in this volunteer opportunity I will be exposed to a number of risks associated with such participation or volunteering. I waive all claims for myself, my spouse and my heirs against Hope & Home for any injury or illness, which may result directly or indirectly from my participation in this volunteer activity. I further state that I am in the proper physical condition to participate in this activity.

**PHOTOGRAPHY PERMISSION**

I give Hope & Home permission to use photographs of me taken at Hope & Home and associated events in future event promotion.

**CONFIDENTIALITY AGREEMENT**

I agree to keep confidential all information we learn about families and children served by Hope & Home and the Department of Human Services in the course of our association with the Foster/ Adopt Program.

*By signing below, I acknowledge and agree to the above Physical Waiver, Photography Permission and Confidentiality Agreement.*

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*In the event that the participant is under the age of 18, then this release must be signed by a parent or guardian.*

I hereby certify that I am the parent or guardian of \_\_\_\_\_, as named above, and do hereby give my consent on behalf of the individual.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_