



Privacy Covenant for Breathe Volunteers

When working with guests at Breathe, we are both legally and morally bound to confidentiality, to protect the privacy of information related to those guests. It is important that we keep information shared by families confidential, and share it only when it directly relates to the services the child receives, and that we do so only with the other volunteers serving the child. This information should not be used for any other purpose or disclosed to any other persons. Persons not on the Breathe Team shall not have access to any information shared by families about the specific needs and/or diagnoses of their child. Information gathered will at all times be handled in a professional, discrete manner. It is important to avoid discussions outside of the Breathe event about any specific children or their identifying information.

Please contact one of the Breathe core members if you need information regarding a particular child and how to better meet their needs at Breathe events. If you agree to hold the privacy of our guests and their families in the highest confidence, please indicate with your signature below.

Waiver

In consideration of participant's being allowed to participate in any Breathe events held at Holy Angels Church, I, on behalf of myself, my spouse, my heirs and assigns, my executor, all legal representatives and any others claiming through me or on behalf of me, hereby agree to release, discharge, hold harmless and indemnify Holy Angels Church and its pastor, The Roman Catholic Diocese of Cleveland, and the Bishop of the Diocese of Cleveland, as well as their respective employees, agents, representatives, sponsors, and volunteers from and against all claims, judgments, liability (or any nature or extent) which in any way arise out of or relate to Participant's participating in the Breathe events held at Holy Angels Church in Chagrin Falls, Ohio.

I fully understand that it is my sole responsibility to provide adequate medical insurance for myself and/or my child.

This Waiver, Release and Hold Harmless Agreement shall remain in effect unless and until revoked in writing by me.

Photo Release for Breathe Volunteers

- I understand that my photograph may be taken during a Holy Angel's Breathe event. **I GIVE my permission to Holy Angels Breathe core team to use my photograph for the purpose of educating the community or future volunteers about Breathe.** I understand that my photograph, taken during a Breathe event, may be provided for newspaper stories, newsletters, church bulletin, posters, videos, powerpoint presentation or television.

- I understand that my photograph may be taken during a Holy Angel's Breathe event, however, **I DO NOT GIVE my permission to use my photograph in any circumstance.**

I have read and fully understand the above privacy policy, photo release, and waiver, release and harmless agreement.

Signature of volunteer

Date

Printed Name

Signature of Parent/Guardian (required for volunteers under 18)

Date

Printed Name

Contact information: e-mail address

Phone number