

COMMUNITY KITCHEN, INC.

RELEASE LIABILITY STATEMENT FORM

I hereby release, hold harmless and indemnify Community Kitchen, Inc., (CKI) its directors, employees, agents and/or associates from and against any and all claims, losses, costs and/or expenses which might arise as a result of my participation as a volunteer at CKI.

My signature affirms that I will be responsible for any damage or loss to physical property or expenses incurred due to my negligent or irresponsible behavior. I further release, hold harmless indemnify CKI from and against any and all claims, losses, costs and/or expenses for injury or sickness which I may contract as a result of my participation in the Volunteer Program, regardless of whether CKI is negligent in allowing me access to its facilities and programs. I knowingly elect to participate as a volunteer at my own risk.

In case of emergency, I hereby give permission to CKI to render first aid or to take me to an available treatment facility for medical care; to give the treatment facility permission to provide necessary medical services. I accept any financial responsibility for said services as rendered by the treatment facility and medical staff.

I also understand that I am not, nor will I be, considered to be an employee of CKI and thus have no expectation of nor will receive any remuneration or any other benefit of employment for my participation as a volunteer at CKI specifically including coverage under CKI's workers' compensation program.

I understand that I may be photographed. and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by CKI.

This Liability Release is binding on me and my beneficiaries, successors and assigns. Any changes will be submitted in writing, bearing my original and dated signature.

Signature: _____

Date: _____

Printed Name in Full _____

IF ABOVE-NAMED IS UNDER 18 YEARS OF AGE, I HEREBY CONSENT TO THE ABOVE VOLUNTEER RELEASE LIABILITY.

Parent/Guardian Signature _____ Dated _____

Printed Name in Full _____



Statement of Confidentiality

There are in effect federal and state regulations, legal precedents and professional codes of ethics that prohibit disclosure of any information obtained from a client in confidence. This includes but is not limited to: disclosing the clients' presence and/or status of receiving services, the clients' name, address, or any other identifying information. Information may not be released without the client's written consent, except when disclosure is necessary to prevent serious, foreseeable and imminent harm to a client or another identifiable person.

In other words, as a **Community Kitchen** volunteer you are not to tell anyone (including your family members or neighbors) outside the agency staff the name, details of the situation or any identifying information about any person who seeks services from our agency without specific authorization from your supervisor. If you believe a client may harm him/herself, harm another identifiable person, or a child is being harmed, you must report the situation to the closest staff person. When in the office or otherwise interacting with other agency staff, paid and unpaid staff are expected to assure conversations about clients occur in discrete areas (such as in an office with the door closed) and not in an open areas where non-involved staff or others might overhear. Appropriate measures must also be taken to safeguard written materials. This means written materials that identify clients should never be taken to one's home, or when in the office, left in plain view where other clients or visitors to the agency may see them.

These regulations and ethical codes were designed to ensure the privacy of individuals seeking or receiving services. Any volunteer who violates these regulations may be subject to disciplinary procedures and maybe held legally responsible.

By signing, I affirm that I have read and will comply with the above statements.

Signature

Date

Print Name

Community Kitchen, Inc. Volunteer Photo Release

**Community Kitchen, Inc.
640 South Ohio Ave.
Columbus, Ohio 43205**

Permission to Use Photograph

Event: _____

Location: _____

I grant to Community Kitchen, Inc. the right to take photographs of me and in connection with my volunteer activities. I authorize Community Kitchen, Inc. its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Community Kitchen, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)