



Heroes Home Colorado

a not-for profit organization

Volunteer Release of Liability and Confidentiality Agreement

I, _____, hereby release and agree to indemnify and hold harmless Heroes Home Colorado, its members, affiliates, and employees or loaned executives of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer for Heroes Home Colorado.

I enter into the volunteer role and responsibilities of my own free will being of sound state of mind and not being coerced or forced in any manner. I further release and hold harmless Heroes Home Colorado, its members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer at the Safe Haven, or as a result of my participation in the project as a volunteer, or in any other activity sanctioned by Heroes Home Colorado.

Additionally I agree to the following:

My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered. I have completed the required training and have been made aware of the assigned duties. If I do not understand the assigned duties I will seek out a Heroes Home member or employee to gain further assistance before proceeding.

I will bring to the attention of Heroes Home Colorado staff any information or questions that arise of a legal nature.



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I recognize that any and all information shared with me (including but not limited to the location of the Safe Haven) as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, press, or organizations.

I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at the Safe Haven.

THIS AGREEMENT shall be governed by and construed in accordance with the laws of the State of Colorado.

I have had the opportunity to read and understand the release and acknowledge that by signing the document, I am waiving certain legal rights in the event of injury. BY SIGNING BELOW, I accept and agree to the terms contained above.

Signature

Date
