



Volunteer Participation Form

Participation Waiver:

I agree to indemnify and hold harmless Kids Escaping Drugs (herein known as "KED"), Renaissance Addiction Services (herein known as "RASI") and its officers, agents, employees, volunteers, and sponsors from all cost, expense and liability arising out of my participation in any KED hosted or sponsored events or other activities whether located on the Renaissance Campus property (herein known as "Campus") located at 920 Harlem Road, West Seneca, NY 14224 or other venue.

I do hereby waive all claims for damage or loss to my person or property arising directly or indirectly from my volunteer participation in KED hosted or sponsored events or other activities which may be caused by an act, or failure to act, by KED or RASI, its officers, agents, employees, volunteers, and sponsors.

Media Waiver:

I grant full permission to KED or RASI to use photos, videos, film or any other record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form agreed on their behalf by a parent or guardian.

Confidentiality Policy:

It is vital to the interests and success of Kids Escaping Drugs, Inc. (KED) that confidential information, especially as it relates to our patients, be protected.

No volunteer may release patient identifying information or information regarding the presence of any patient in a KED or RASI program or information regarding the treatment of any patient on the Renaissance Campus to any person outside KED or RASI unless KED or RASI holds the written consent of the patient.

All volunteers of KED or RASI are required to adhere to the Federal Government regulation pertaining to the strict confidentiality of information about persons receiving alcohol and drug abuse treatment (42 C.F.R. Part 2) and confidentiality of medical information requirements set forth by HIPAA.

Emergency Contact Information:

Name: _____

Relationship: _____ Tel: _____

I have read, understand and agree to the above policies and waivers.

Volunteer Name: _____ **Date:** _____

Phone number: _____ **Email:** _____

Street Address: _____ **City, State, Zip:** _____

Signature of Volunteer or Parent/Guardian: _____

If applicable – Parent/Guardian Printed Name: _____