



VOLUNTEER RELEASE FROM LIABILITY AND CONFIDENTIALITY AGREEMENT

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

1. I, _____ agree to work for the National Alliance on Mental Illness (NAMI) Greater Des Moines **as a volunteer.**
2. I am aware that participation as a volunteer may require periods of talking, standing, stooping, lifting, and traveling to different locations in the Greater Des Moines Area, and it will require the exercise of reasonable care to avoid injury. I am voluntarily participating in these activities with knowledge of the hazards and potential dangers involved, and agree to accept ANY AND ALL RISKS of illness, personal injury, and property damage.
3. I hereby agree that I, and my assignees, heirs, guardians, and legal representatives will not make a claim against or sue NAMI Greater Des Moines or its staff, agents, contractors, or board members for injury or damage arising out of or in any way connected with my participation in this organization as a volunteer.
4. Further I understand that NAMI Greater Des Moines does not assume any responsibility for or obligation to provide me with health, medical, or disability benefits or insurance.
5. I hereby release and forever discharge NAMI Greater Des Moines from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my service as a volunteer at NAMI Greater Des Moines.
6. I hereby agree to keep confidential any and all personal information that I hear, see or process (phone numbers, addresses, health information, and other) during my volunteer service with NAMI Greater Des Moines. I further understand that the information cannot be shared unless given permission from the individual whose information is in question.
7. **I have carefully read this agreement and fully understand its contents. I am aware that this is a RELEASE FROM LIABILITY AND CONFIDENTIALITY AGREEMENT, AND I SIGN IT OF MY OWN FREE WILL.**

Date

Volunteer Signature

Printed Name

Date

NAMI GDM Representative Signature

Printed Name