



### Release and Confidentiality Agreement

I, the undersigned and responsible party for individuals in my group who enter the grounds of Ronald McDonald House Charities of Southern Colorado, hereby release, forever discharge, covenant not to sue and hold harmless Ronald McDonald House Charities Southern Colorado for its directors, officers, employees, volunteers, and agents, and its successors or assigns (collectively, "RMHCSC") from any and all liability, claims, and demands of whatever kind or nature, either in law or equity, which arise or may hereafter arise from my, or individuals in my group's activities at RMHCSC.

\_\_\_\_ I understand that this release discharges RMHCSC from any liability or claim that I or any individual in my group may have against RMHCSC with respect to any bodily injury, personal injury, illness, death, theft of property, property damage, debts or losses incurred that may result from my activities at RMHCSC, whether caused by the negligence of RMHCSC or its officers, directors, employees, volunteers, agents or otherwise. I also understand that RMHCSC does not assume any responsibility for the obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

\_\_\_\_ I acknowledge that I or individuals in my group may encounter confidential information as part of our involvement. As the responsible party to my group, I will protect the confidentiality of any person's identity, address, phone number, and/or personal details from all who do not have a legitimate reason and authorization for the information. I agree that I will not at any time use any part of that confidential information for any purpose. I understand that failure to protect such information could result in disciplinary action, including criminal, civil, and/or civil right liability.

I have had the opportunity to read and understand this release and confidentiality agreement and acknowledge that by signing this document, I am waiving certain legal rights in the event of injury.

BY SIGNING BELOW, I accept and agree to the terms contained above.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Parent Signature (If signer is under age 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date