



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Image Release

I hereby grant SOS Community Services and its agents permission to use photographic portraits, pictures, digital images or videotapes of me, or in which I may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any publication or on its websites, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my likeness appears, or the use to which it may be applied.

On behalf of myself, my heirs, representatives, executors, and assigns, I hereby release, discharge, and agree to indemnify and hold harmless SOS Community Services and its agents from all claims, demands, and causes of action that I have or may have by reason of this authorization, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photos or videotapes, or in processing tending towards the completion of the finished product.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature

Date

Printed Name

I am 18 years old or older.

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____,
named above, and do hereby give my consent without reservation to the foregoing on behalf of
the person named above.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name



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Confidentiality & Liability Agreement

I understand that as a volunteer at SOS Community Services, what is observed and expressed related to the individuals, families, and children requesting services or participating in any of our programs is private and privileged information. This information shall not be disclosed to any third party who is not a member of the SOS staff without the written consent of the individual or family.

I understand that what is viewed on our database or in our files relating to donors, volunteers, or consumers associated with SOS is private and privileged information. This information shall not be shared with anyone who is not a member of the SOS staff without the written consent of the donor, volunteer, or consumer.

I understand both the formal and informal confidentiality policies that were presented and discussed in training. I cannot give out any information related to consumers that I meet and work with at SOS without the written consent of the consumer, volunteer, staff, or donor. I also agree not to release any child to any person other than SOS personnel without appropriate written permission from the parent or guardian, or permission from the SOS staff person in charge of the program.

I understand that SOS Community Services and its paid staff are released from any and all liability and responsibility for any actions, injury, or illness that may directly or indirectly result from my participation in the program. I understand that by signing this document, I waive the entity listed above from any and all legal claims.

I agree to maintain this information within the confines of the SOS staff team and to discuss any concerns related to confidentiality with the designated SOS staff member.

I, _____, sign this agreement as an acknowledgement that I have read, understand, and fully intend to follow the SOS Community Services policies regarding confidentiality.

Signature

Date

Witness

Date