Client #\_\_\_\_\_\_\_\_\_\_

Confidentiality Agreement

I understand that all information pertaining to the Crisis Center is to be kept confidential. This includes the location of the Center, any of its outreach sites, safe homes or other emergency shelter facilities. Names and identities of other clients are not to be divulged under any circumstances. Information about anyone working for the Crisis Center is likewise to be kept confidential.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Witness Date

# Release From Liability

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request counseling services for myself and/or my child(ren). I release the Crisis Center, its Board of Directors, staff and volunteers from any and all liability, claims, demands, actions, causes of action, whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (and/or my children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) while in, or upon the premises of the Crisis Center.

I am aware of the risks and hazards inherent both upon entering the premises of the Crisis Center.

According to law, volunteers and staff of the Crisis Center are obligated to report any child abuse or neglect and/or to warn any person of a threat or element of danger. In the event that either of these situations should occur, I hereby release the Crisis Center volunteer or staff member from any consequences that might arise from making such a report.

I have also voluntarily elected to assume all risk of loss, damage, or injury, including death, which may be sustained by me and/or my child(ren) as a result of voluntarily receiving services from the Crisis Center staff or volunteers.

This release shall be binding on heirs, next of kin, executor, and administrators.

In signing the foregoing release, I acknowledge that a) The terms of this release are contractual and not a mere recital, b) I have read the foregoing release, understand it and sign it of my own free will, c) I am of sound mind.

This release was executed on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.

**CAUTION: THIS IS A RELEASE----READ BEFORE SIGNING.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Witness