



Urban Initiatives



## Glendale/Burbank Homeless Solutions Project

### VOLUNTEER WAIVER OF LIABILITY

By voluntarily participating in the Glendale/Burbank Homeless Solutions Project, I, the person signing this document, release the Institute for Urban Initiatives, the City of Glendale, the City of Burbank, the site hosts, sponsors and any other participating entities from any liability, action, claims, expenses or compensation related to my participation in the Glendale/Burbank Homeless Solutions Project and any incidents arising in connection to my activities during the event.

I also grant the City of Glendale, the City of Burbank, and the Institute for Urban Initiatives and sponsors the exclusive and irrevocable right and license to use (but not the obligation to use), and to grant others to use, publish and copyright my name, photograph(s), both still and motion picture, actual or simulated likeness, voice and all other personal characteristics and information, as well as any and all of my statements or other expressions, recorded or otherwise, for any purpose they may desire, in any manner, without limitation, for advertising and publicity in connection with my participation in the Glendale/Burbank Homeless Solutions Project. I hereby release, indemnify, and hold harmless the City of Glendale, the City of Burbank, and the Institute for Urban Initiatives and all Glendale/Burbank Homeless Solutions Project sponsors from and against all liability of any kind arising out of the exercise of the rights granted above.

### OATH OF CONFIDENTIALITY

I also agree to the below oath of confidentiality, as indicated by my signature. I understand that:

1. The purpose of the Glendale/Burbank Homeless Solutions Project is to provide intensive case management and linking participants to mainstream resources, including housing.
2. Sharing of client information will be limited only to that which will help achieve this purpose.
3. The unauthorized release of any protected health information may make me subject to a civil action for damages. In addition, Federal and State laws protecting information relating to the provision of confidential patient information, including, but not limited to, mental health and substance abuse information may apply. These laws may have additional penalties, including criminal penalties.

**My signature below signifies that I have read, understood and agree to the "Volunteer Waiver of Liability" and "Oath of Confidentiality."**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Print clearly)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address (Print Clearly)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Reference:

- California Welfare and Institution Code, Section 5328, Chapter 3 commencing with Section 525 of Title 7 of Part 2 of the Code of Civil Procedure; and
- Title 9, California Administrative Code Section 942, Oath of Confidentiality