



Waiver: Please read carefully before submitting it.

I understand that at all times, the privacy and dignity of clients, donors, volunteers and staff will be respected, and the mission, vision and values of the Ontario Heroes health and social services will be followed in accordance with the Ontario Heroes policies, standards and guidelines.

I Understand that as an ONTARIO HEROES member and volunteer, I may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All records are the property of the ONTARIO HEROES and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose. Client and donor interactions shall not be discussed with people outside the ONTARIO HEROES, including immediate family members, throughout and beyond tenure with the ONTARIO HEROES.

I understand that Ontario Heroes designated health care volunteers are only allowed to give medical advice (including opinions, comments); however, the recipient/client/patient's responsibility to consult the primary caregiver before implementing any changes / make decisions on the existing treatment plan. Ontario Heroes will not be responsible for any individual's decision on treatment or care plans.

I agree not to make any statements, written or verbal, or cause or encourage others to make any statement, written or verbal, to defame, disparage or in any way criticize the personal or business reputation, practices or conduct of the Ontario Heroes health and social services, their employees, directors, officers and volunteers.

I acknowledge and agree that this prohibition extends to statements, written or verbal, made to anyone, including but not limited to the news media, any board of directors or advisory board of directors, industry analysts, competitors, strategic partners, vendors, employees and volunteers (past and present), patients, donors and clients.

I grant the Ontario Heroes health and social services permission to use any photographs or videotape images of me taken in the course of my involvement and to use my name, image, comment(s) and information regarding my volunteer role, activities, affiliation and city of residence for the Ontario Heroes purposes in any media and territory in perpetuity.

I waive and release any and all claims for myself, my heirs, executors and administrators against the Ontario Heroes and any other sponsor or organization involved, from any and all claims or liability for death, personal injury or property damage of any kind; however, caused, including any claim or liability arising from the negligence of the ONTARIO HEROES, its agents, servants, or employees and of any person on-site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate.

I understand that any volunteer does not permit smoking on ONTARIO HEROES property or while carrying out the ONTARIO HEROES business.

I understand that I may withdraw or amend my consent in writing at any time by contacting.

I understand that signing the Waiver form extends to all claims, foreseen or unforeseen, known or unknown.