



Teen Experience and Leadership Program Volunteer Agreement and Photography/Videography Consent and Release

If the volunteer is under the age of 18, parental/guardian consent is required.

I, _____, ("Volunteer") hereby agree to the following:

I will keep confidential any information that I may see or hear while volunteering at Grady Health System.

Volunteering may include observing patients receiving care or certain business meetings/discussions. I acknowledge that anything seen or heard while volunteering is privileged and should not be repeated or shared with others. I understand that any breach of confidentiality will cause my volunteer status to come under review and may lead to termination of my placement. I understand and agree that confidentiality applies to any information that I may see or hear even after I end my volunteer placement and that any breaches of confidentiality should be reported to Grady's Chief Compliance Officer.

I agree to maintain the volunteer standards of Grady Health System.

I acknowledge that Grady Health System reserves the right to end my volunteer placement if these standards are not met, following a conference with a member of the Teen Experience and Leadership Program staff.

I agree to complete any health screenings, tests and immunizations required to participate as a volunteer.

I understand that if I do not complete any requirement, I will not be permitted to volunteer.

I agree to wear the uniform required for my volunteer placement.

The uniform is a Grady Polo shirt. I understand that if I am not wearing the proper attire, I may be sent home to change or sent home for the day.

I understand that I must volunteer at least one session every two weeks.

I understand there are placements every day of the week with three shift options.

I agree to notify the Teen Experience and Leadership Program office of any unplanned absences.

I understand that my volunteer placement may be terminated if I am absent without providing appropriate notification.

I agree to release and discharge Grady Health System and its officers, directors, employees, and staff from any and all claims whatsoever of any nature that may result from my volunteering and all related activities. Such release includes any injuries or accidents that may occur while volunteering, including any exposure to infectious diseases or other workplace injuries. I understand that in the case of a medical emergency, attempts will be made to contact the emergency contact listed below. I understand that Grady Health System may undertake any emergency treatment and/or procedure necessary to address the emergency medical condition.



I hereby grant to Grady Memorial Hospital Corporation d/b/a Grady Health System and its representatives, employees, agents and assigns (“Grady”) permission to take photographs, videos or other recordings (“Images”) of the below listed Teen Volunteer. I also grant Grady the irrevocable and unrestricted right to use, re-use, display, distribute, transmit, copy, reproduce, publish, or re-publish, either in whole or in part, the Images, through any media including, but not limited to any and all of its publications, websites or social media platforms, for editorial, promotional, educational and/or informational purposes, internal use, , advertising or any other purpose; and to copyright in its own name and/or publish, and/or market, and/or assign the same without payment or any other consideration or further authorization by me.

I hereby waive the right to inspect and/or approve the Images, or the use to which they may be applied so long as such use shall be lawful.

By signing this document, I represent that I am over the age of eighteen (18) and have read, understand, and agree to its terms. I hereby release Grady from any and all claims, actions, demands, and liability arising out of or in connection with the use of said Images.

Teen Volunteer

Printed Name: _____

Signed: _____

Date: _____

Parent/Guardian

Printed Name: _____

Signed: _____

Date: _____

Emergency Contact

Printed Name: _____

Phone Number: _____