



Participant Release and Waiver of Liability & Confidentiality Agreement

This Release and Waiver of Liability & Confidentiality Agreement (the “Agreement”) executed on this (date) _____, by (“Peer network participant”) _____ in favor of the American Living Organ Donor Fund, a Virginia non-profit corporation organized and existing under the laws of the State of Virginia, USA, its directors, officers, employees, volunteers, and agents (collectively, “ALODF”).

I, the Participant, desire to volunteer or to be aided by a volunteer through the ALODF peer network. I understand that I, and any network participant I may decide to interact with, will make our own decisions as whether or not to interact with each other and in what capacity.

I hereby freely and voluntarily, without coercion, execute the Agreement under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless ALODF from any claim or liability that I, the Participant, may have against ALODF with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in peer network activities. I also understand that ALODF does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, and death or property damage.
2. **Insurance.** ALODF does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO PARTICIPATING IN ANY ALODF PEER NETWORK INTERACTIONS.
3. **Advice.** Neither the ALODF nor any participant in the ALODF peer review network represent themselves as qualified to give medical or any other kind of professional advice. All discussion among network members is purely the sharing of information among peers and friends, and nothing more. If professional advice is desired, please consult a professional.
4. **Assumption of Risk.** I understand that my time interacting with members of the ALODF peer network may include activities that may be harmful to me, including, but not limited to driving to

and from different locations and visiting network members at their homes. I recognize and understand that my time participating in ALODF network activities may, in some situations, involve inherently harmful activities. I hereby expressly and specifically assume the risk or harm in these activities and release ALODF from all injury, illness, and death or property damage resulting from the activities of my time engaged in any ALODF network activity.

5. **Confidentiality.** I recognize that any and all information shared with me as part of my participation in the ALODF network are confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. This information includes, but is not limited to, information about other members, staff, volunteers, contributors, and other individuals information that you may learned through your work with the ALODF peer network.

I understand that there are expectations to the right to confidentiality as mandated by law in the following instances:

- a) If anyone threatens grave bodily harm or death to another person or to him/herself;
- b) If a court of law issues a legitimate subpoena;
- c) If child abuse, sexual abuse, or neglect is suspected with a minor;

To express my understanding of this Agreement, I sign here.

Participant Name (print) _____

Signature _____ Date _____