

**MAKE-A-WISH FOUNDATION® OF ILLINOIS**  
**ONE DAY VOLUNTEER**  
**CONFIDENTIALITY AND MEDIA AGREEMENT**

I, \_\_\_\_\_ (print name), agree that in connection with the course of my volunteering for the Make-A-Wish Foundation® of Illinois, I will not use or disclose a child's Protected Health Information obtained or observed directly or indirectly as a result of such activity and will maintain patient and family confidentiality at all times. I understand that an exception to this is if the child or the child's legal guardian has consented to the disclosure through a valid and written authorization. Protected Health Information includes, but is not limited to, name, images, specific details of my experience or any other identifier that could identify the child or family. I guarantee the confidentiality of information I may receive from others or obtain from my own observations regarding children and families and other non-public information.

I also understand that I should direct all media related inquires or questions to the Make-A-Wish staff member or volunteer leader/event coordinator on-site for the event.

I, for myself and for my heirs, executors, administrators and assigns, hereby release the Make-A-Wish Foundation® of Illinois and its subsidiaries and affiliates and their respective officers, directors, employees, volunteers and agents, from any and all claims or causes of action of whatever nature that I or my heirs, executors, administrators or assigns ever may have against any of them on account of or arising from my activities as a volunteer and hereby waive any and all such claims and causes of action.

In the course of my activities, I understand that this agreement will be effective for one year from the date signed.

Signature: \_\_\_\_\_  
(Legal Guardian, if covered person is under 18 years of age)

If signed by Legal Guardian, relationship to covered person: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Employer, if applicable: \_\_\_\_\_