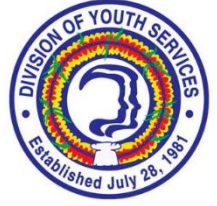




DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS
DIVISION OF YOUTH SERVICES
FAMILY & YOUTH ENHANCEMENT PROGRAM
COMMUNITY SERVICES



WAIVER AND CONFIDENTIALITY FORM

WAIVER OF LIABILITY:

I, _____, assume all the foregoing risks and accept personal responsibility for any damages or injuries which may arise from my participation in the DCCA- DYS "*Volunteer Program*." I discharge ALL claims, demands, cause of actions, suits or judgments against the Department of Community & Cultural Affairs Division of Youth Services Administrators, Directors, Agents, Coordinators, staff, trainees, volunteers and other agencies and organizations involved in the program.

CONFIDENTIALITY AGREEMENT:

This agreement is entered between the Department of Community & Cultural Affairs Division of Youth Services, CNMI and _____, Volunteer participant.

I, _____ acknowledge that CNMI Public Laws 3- 57 and 4- 1 prohibits the release of confidential information or data and is punishable by not more than one (1) year in prison or by a fine of not more than \$1,000.00 or both. I understand the above public law and agree to keep client identity, shelter location, or other related client information confidential.

Print Full Name

Signature

Date

Parent must acknowledge and sign waiver of liability and confidential form if program participant is under the age of 18 years old.

Parent Full Name

Signature

Date

Cc: File