



ACHIEVE ZERO CONSENT FORM

Confidentiality Policy

- Personal records of all Achieve Zero clients are confidential. Disclosure of this information to anyone outside of Achieve Zero is made upon written consent of the client (or parent or guardian) or as required by law. For example, if the client presents a clear danger to him or herself or to others. In cases of suspected child abuse or neglect, Achieve Zero is required by law to contact authorities.

Computerized Records

- To provide faster and more definitive linkages to necessary services and to improve service outcomes for clients, Achieve Zero uses a computerized record keeping system called Homeless Management Information System (HMIS). The system helps us better understand homelessness, improve service deliver to the homeless and evaluate the effectiveness of services provided. HMIS is used by most homeless service providers in the state of Hawaii. HMIS collects basic identifying information included but not limited to the client's name, social security number, date of birth, gender and race as well as information about housing, income, legal history and services needed and/or provided. The client understands that basic identifying information including but not limited to the items above may be shared with other agencies participating in the HMIS system for the purpose of aiding the client. Any additional information pertaining to the client's residential, medical, criminal, military, employment, income and social service records will not be shared with other participating agencies unless specifically authorized by the client through a separate release of information form.

Media Release

- I hereby voluntarily and without compensation authorize written, verbal, picture, video and voice to be made of me by Achieve Zero while I am participating in activities in which is sponsored by, provided by and assisted by Achieve Zero and its supporters. I authorize full disclosure of the written, verbal, picture, video and voice to Achieve Zero for the purposes of assisting me and my family with my requested needs as well as for awareness of the company to the public. I understand consent to use my written, verbal, picture, video and voice is voluntary. I further understand that I may at any time exercise the right to cease the use of my verbal and written agreement, filmed, photographed or recorded voice and may rescind my consent for up to a reasonable time before the verbal and/or written statement, picture, video or voice recording is used.

Transportation Waiver

- I have requested and/or wish to receive transportation to be driven by a(n) Volunteer/Employee of Achieve Zero with the sole purpose of receiving aid, support or other resources intended to be for my own personal benefit. I understand that Achieve Zero has no obligation to provide me with transportation to and/or from my destination and that I may choose to arrange for my own transportation. I understand that if a third-party charter is ever used, the owners, employees, officers, agents or clients of the charter service, including, but not limited to, the driver(s) ("Third Parties"), are not the agents or employees of Achieve Zero and that Achieve Zero is not responsible for any injuries that may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that certain risks are inherent in travel and that I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to transportation; driver error; adverse weather conditions; theft and/or other criminal activity; other physical, mental, and emotional injury; and other risks and dangers whether known or unknown nor reasonably foreseeable. I understand that my decision to travel in the vehicle provided by Achieve Zero is entirely voluntary, at my own risk, and for my own benefit. I fully understand the potential risks involved and agree to assume the risks of my acceptance of travel assistance, including the risk of catastrophic injury or death. I understand and agree that Achieve Zero does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property, and that Achieve Zero strongly recommends that I carry my own health, medical, and property insurance for purposes of potential losses related to all travel provided for me. I hereby release and fully discharge Achieve Zero, including its officers, directors, agents, volunteers, and employees, from any and all claims or causes of action that may be brought by me or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to all current and future transportation assistance provide for me by Achieve Zero, whether caused by Achieve Zero's negligence or otherwise, to the fullest extent permitted by law.

I HAVE READ AND UNDERSTAND THE ABOVE MATERIAL AND I HEREBY CONSENT THAT ACHIEVE ZERO PROVIDE ALL APPROPRIATE SERVICES TO ME AND/OR MY CHILD.

Printed Name of Client/Guardian

Signature of Client/Guardian

Date