

By signing this document, I consent to the terms and conditions outlined by Muscular Dystrophy Canada (MDC) as they relate to the following:

Code of Conduct

Please initial _____

MDC is committed to providing an environment that is defined by professionalism, honesty, fairness and integrity. I agree to conduct myself in the following ways:

- Create, maintain and encourage an environment that is characterized by excellence, accountability, fairness, integrity, open and accessible communication and mutual respect and courtesy
- Partner in a way that does not adversely reflect upon the reputation of MDC
- Build relationships and emphasize teamwork that is based on trust, honesty and utmost mutual respect
- Treat everyone fairly and without prejudice
- Respect diversity and individual differences
- Listen openly to concerns and suggestions
- Follow Occupational Health and Safety policies and practices
- Conduct myself in a way that is consistent with values, mission, vision of the organization
- Conduct myself in a way in the best interest of the organization

Statement of confidentiality

Please initial _____

I understand that as a volunteer of MDC:

- I may come in contact with private and confidential information that should not be shared
- The expectation of MDC is to place the highest priority on respecting the private and confidential nature of information
- I will not discuss information I receive with others unless it is for the purpose of carrying out my duties and responsibilities
- If I am ever in doubt as to the use of information, I will speak to my staff partner for clarification
- I am to maintain confidentiality of information throughout and beyond my relationship with MDC

Photography, Video and Audio Release

Please initial _____

I grant permission to MDC to use photographs, audio and/or video recordings of me that are taken while volunteering or attending MDC events. These photos and recordings may be used for the purpose of publication, news releases, online, social media and in other communication related material.

I hereby release MDC, its officers and employees, and each and all persons involved, from any liability connected with the taking, recording, digitizing or publication of photographs, computer images, video and/or sound recordings.

I hereby waive and release MDC from and against any and all claims for payment or royalties in connection with any streaming, distribution, display or other publication of these materials, or other publication regardless of whether a fee for admission is charged. I also waive any right to inspect or approve any photo, video or audio recording taken by MDC or the person or entity designated to do so. by MDC.

I acknowledge that I have been fully informed of the terms listed above, my consent required and waiver of liability.

Print Name:

Signature:

Date signed: