



320.234.7895

13769 Pheasant Road
Hutchinson, MN 55350

www.equulaccess.org
info@equulaccess.org

Confidentiality Policy

Equul Access, Inc. shall maintain the right to privacy and the right of confidentiality of all individuals involved in its programs. Participants, instructors, volunteers, and staff given access to any information on any individual in any Equul Access, Inc. program agree to keep all medical, personal, social, referral and other information strictly confidential. Any person violating these rights may be reassigned or terminated from program activities.

I have read this policy, and I fully understand and agree to abide the contents.

Dated this _____ day of _____, 20_____.

Printed Name: _____ Signature: _____

Signature: _____

Parent/Legal Guardian if above is under 18

Witness: _____

Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Equul Access, Inc. permission to take or have taken still, moving and/or television pictures/film of me. I consent and authorize Equul Access, Inc., its advertising agencies, news media, and any other persons interested in Equul Access, Inc. and its work, to use and reproduce the pictures/film and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television, brochures, pamphlets, instructional material, books and the internet.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure signature(s) to this release other than the intention of Equul Access, Inc. to use or cause to be used such pictures/film for the primary purpose of promoting Equul Access, Inc. and its work.

Dated this _____ day of _____, 20_____.

No, I do not grant permission, nor consent/authorize use and reproduction.

Printed Name: _____

Signature: _____

Signature: _____

Parent/Legal Guardian if above is under 18