

Liability Waiver for Volunteers

Full Legal Name: _____

Date of Birth: _____

Registration Number (ACA/PACFA): _____

Purpose

By signing this waiver, I, _____, acknowledge that I am voluntarily participating as a facilitator or co-facilitator of online support groups hosted by Forge Clarity PTY LTD via Zoom. I understand the nature of this role and agree to the terms outlined below.

Assumption of Risk

I acknowledge and accept the following risks associated with facilitating virtual support groups:

- Emotional Risks: Exposure to participants' traumatic experiences, which may cause emotional distress.
- Technical Risks: Unforeseen technical issues (e.g., Zoom disruptions, hacking, or privacy breaches).
- Confidentiality Risks: Potential accidental disclosure of sensitive participant information despite best efforts.
- Scope of Role: A licensed mental health professional.

Release of Liability

I hereby release Forge Clarity, its directors, employees, and affiliates from any liability, claims, or damages arising from:

- My voluntary participation as a facilitator.
- Technical failures or security breaches during virtual sessions.
- Emotional or psychological consequences of participating in or leading sessions.

- Any unintended breach of confidentiality caused by factors beyond the organisation's control.

Confidentiality Commitment

I agree to:

- Maintain strict confidentiality of all participant information shared during sessions.
- Use password-protected Zoom meetings and follow organisational security protocols.
- Immediately report any privacy breaches or concerns to the organisation.
- Securely store or destroy session-related materials (e.g., notes, chat logs) as instructed.

Compliance with Policies

I certify that I will:

- Adhere to the organisation's code of ethics, boundaries, and facilitation guidelines.
- Complete all required training (e.g., confidentiality, crisis response).
- Avoid dual relationships with participants (e.g., personal, financial, or professional ties).
- Redirect participants to licensed professionals when needs exceed my scope of practice.

Participant Consent

If responsible for collecting consent forms, I agree to:

- Provide participants with written agreements outlining group rules and virtual risks.
- Ensure participants understand the limits of peer support (i.e., not a substitute for therapy).

Volunteer Acknowledgment

I have read and fully understand this waiver and all relevant documents such as the Onboarding Document for Volunteers, Incidents Management Protocols, Privacy Policy and other files located at: <https://forgeclarity.com.au/documents> . Additionally, by signing this document I hereby waive Forge Clarity PTY LTD, the directors and other staff from any liability, damages etc that may occur as a result of my participation with the organisation. Moreover, I agree to ensure that my insurance is up to date and remains so throughout the duration of my time with Forge Clarity PTY LTD. I voluntarily agree to its terms and recognise that I may withdraw from my role at any time.

Volunteer Signature: _____

Date: _____