



Confidentiality Agreement

Lake Name: _____

Regional Organization: _____

Lake Organization: _____

This is to certify that I, _____, an employee, student, volunteer, or contractor, understand that any information (written, verbal, photographs, or other form) obtained during the performance of my duties must remain confidential.

I will hold all such information in the strictest of confidence and I shall not use, copy or disclose such information to any other individual or group, in whole or in part, in any manner or form.

I have read and understood the Love Your Lake Privacy Policy. I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I also understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Signature of Employee/Student/Volunteer/Contractor

Date

Address

Email Address

Phone Number