



LifeRing Secular Recovery Society Canada - Confidentiality Agreement

I acknowledge that during my employment/volunteer association with LifeRing Secular Recovery Society Canada (LifeRing Canada) I will acquire information, which is confidential to LifeRing Canada or to related persons, or institutions, including but not limited to:

- all present and prospective client, student, volunteer, donor, and staff related information;
- confidential information which LifeRing Canada obtains from third parties;
- research data and/or papers;
- developments and conclusions;
- financial and/or business information; and

I acknowledge and agree that such information is the exclusive property of LifeRing Canada or such related party and that the information must not be used to the detriment of LifeRing Canada. I therefore will treat confidentially all such information and agree not to disclose any such information to any unauthorized person either during the term of my employment/association under this Agreement.

I agree that upon termination of my work or volunteer assignment, I will return to LifeRing Canada all records, software, data and other media that I may have possession of during my work assignment.

I acknowledge that in addition to any other rights and remedies of LifeRing Canada to enforce its right arising from this Agreement, in the event of a breach by myself of the undertaking and agreement set out above, LifeRing Canada is entitled to apply to a Court of competent jurisdiction for a restraining order and injunction to prohibit disclosure by me of any such information, in order to protect its rights and property as set forth above.

I agree that my rights and obligations under this Agreement will survive the termination of my work or volunteer assignment at LifeRing Canada.

I acknowledge that I have read, understood and agree to adhere to the terms of this agreement and its associated policy.

Relationship to Society:

Employee: _____
(Specify Department/Program)

Volunteer: _____
(Specify Department/Program)

Other: _____
(Please Specify)

NAME (Please Print)

WITNESSED BY (Please Print)

SIGNATURE

WITNESS SIGNATURE

DATE

DATE