



**AGENCY'S AGREEMENT, RELEASE AND INDEMNITY**

**For Fredericton Agencies:**

**Please Fax to Attention of Altruvest at: 416-597-2294\*\*  
OR**

**Mail to Altruvest Charitable Services at:  
2 Carlton Street., Suite 600, Toronto, ON, M5B 1J3**

**\*\*Important Note: For signature by two Authorized Signing Officers**

TO: Altruvest Charitable Services ("Altruvest")

AND TO: The Directors and Officers of Altruvest

In consideration of the undersigned's participation in BoardMatch Fundamentals and/or BoardMatch Leaders (collectively the "Program") and for other good and valuable consideration, the receipt and sufficiency whereof is hereby acknowledged by the undersigned, the undersigned hereby:

1. agrees to participate in the Program and abide by all of the terms and conditions of the Program, including without limitation, the obligations of the undersigned to:
  - (a) subject to subsection (b), keep confidential and not disclose to any third party, the resumé, candidate's profile or personal information of any individual provided to the undersigned under the Program;
  - (b) only use and disclose to the undersigned's employees and contractors, the resumé, candidate's profile or personal information of any individual provided to the undersigned under the Program for the purposes of the Program;
  - (c) only contact individuals provided to the undersigned under the Program for the purposes of the Program; and
  - (d) maintain directors and officers liability insurance with a reputable insurance company.
2. agrees that since Altruvest neither pre-screens nor makes any representation or warranty respecting the individuals participating in the Program, the undersigned is solely responsible for making its own investigation and review of the individuals referred to the undersigned under the Program, particularly if such individuals become officers, directors, employees or volunteers of the undersigned;
3. releases and discharges each of you and your respective successors and assigns from and against any and all claims or loss which the undersigned may have or could have against you and your respective successors and assigns arising out of or related to the Program, including without limitation, arising out of or related to the collection, use and/or disclosure of personal information provided by the undersigned to you, and the acts or omissions of any individuals referred to the undersigned under the Program; and
4. indemnifies each of you and your respective successors and assigns from and against any and all claims or loss which you and your successors and assigns may suffer or incur arising out of or related to the undersigned's participation in the Program, including, without limitation, arising out of or related to the collection, use and/or disclosure of personal information provided by the undersigned to you, and the acts or omissions of any individuals referred to the undersigned under the Program.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name of Agency (please print): \_\_\_\_\_

1) Signature of first authorized officer: \_\_\_\_\_

1) Print Name: \_\_\_\_\_

Title of first authorized officer: \_\_\_\_\_

2) Signature of second authorized officer: \_\_\_\_\_

2) Print Name: \_\_\_\_\_

Title of second authorized officer: \_\_\_\_\_