

Respite Service Advise ment and Release Form

I hereby advise Mental Health Recovery Board Serving Warren and Clinton Counties (MHRB) that the following named Respite Provider shall provide for the health and safety of my child

_____ (child's name).

I have personally selected to use this Respite Provider, without any influence from MHRB. I hereby waive any duty or responsibility to have MHRB conduct a background investigation on this Respite Provider.

In consideration of the receipt of Respite Care Benefits under this program, I hereby release MHRB and its members and/or any of their respective officers, employees, and any or all of their respective agents, and/or volunteers from any present and future claims, including but not limited to negligence, property damage, personal injury, or wrongful death, arising from our participation. I further agree to assume all liability for the selection of this Respite Provider.

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from participation in this program, including but not limited to negligence, property damage, personal injury, and wrongful death.

Although this document was drafted on behalf of the foregoing party, I have read this document and thoroughly understand the terms and conditions, and agree that this document shall not be unreasonably construed against the drafter.

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may be available to my child and me.

Respite Provider: Name: _____
 Address: _____
 Phone: _____

Parent/Guardian signature

Date

Referring Agency Staff signature

Date