

INSTALLATION REIMBURSEMENT RESPITE CARE PROGRAM

HOLD HARMLESS AGREEMENT

We (I) _____ and _____, the legal parent(s)/custodian(s) of: (all children to be cared for 18 yrs & under) and/or adult EFM:

DOB _____

DOB _____

DOB _____

DOB _____

Hereby release our (my) children and siblings and/or spouse adult EFM into the full care of:

Name: _____

Address: _____

Telephone Number: _____

We (I) further agree as follows:

1. While our family member(s) is/are in the full care of the above names respite care provider, said respite care provider shall have full care over the family member.
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our family member(s) named above emergency medical care. We (I) continue to be responsible for hospital and physician costs not covered by medical insurance.
3. We (I) expressly release and discharge Marine Corps installation _____, its staff and employees, the United States Marine Corps and United States Government from any and all claims, demands, liability and damage of any nature whatsoever, arising from or in connection with the placement or medical/dental treatment of our children and EFM, other than that resulting directly from the negligence or intentional conduct of the above named persons and organizations.
4. We (I) have read this document and expressly understand and concur with the terms within this agreement. We (I) further agree that this document shall remain in full effect for as long as respite care is provided.

Signature of Parent: _____ Date: _____

Signature of Adult EFM: _____ Date: _____

Signature of EFMP Designee: _____ Date: _____

Signature of Witness: _____ Date: _____