

U.S. ARMY EFMP RESPITE CARE
HOLD HARMLESS AGREEMENT

We (I) _____ and

_____, the legal parent(s)/custodian(s) of:

_____ DOB _____

_____ DOB _____

_____ DOB _____

hereby release our (my) child(ren) into the full care of _____ (name of
respite care worker) for the purpose of providing EFMP respite care.

We (I) further agree as follows:

1. While our child(ren) is/are in the full care of the above named respite care worker, said respite care worker shall have full control over them.
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our (my) child (ren) 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 _____ (name of installation), its staff and employees, the Department of the Army and the 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 (my) child (ren), other than that resulting directly from the negligence or intentional conduct of the above named persons and organizations.
4. We (I) as the legal parent(s)/custodian(s) contracted with the provider(s) individually for services to be performed.
5. 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 Parent: _____ Date _____

Signature of ACS Representative: _____ Date _____

Signature of Witness:

_____ Date _____