

## RESPITE SERVICES AGREEMENT

I \_\_\_\_\_ wish to use one, some, or all of, the services that Central Region Respite Society ( CRRS ) provides; and therefore I acknowledge being responsible for the reading and understanding of the :

**1. Statement of Confidentiality** - and that I consent to the release of my personal information, as it pertains to my family's respite needs, by the CRRS to those individuals directly related to the provision of respite services and I also agree to inform the respite worker(s) of all details relevant to the respite care required by me and my family member(s).

**2. Independent Respite Care Provider Personnel File** - and that I found the required documentation to be full and complete and the related information contained therein to be to my satisfaction to the extent that I am able to determine the suitability of the respite care provider for my family member, independently.

**3. Respite Care Provider Referral Agreement** - and that I release and forever discharge the Central Region Respite Society, and their employees, officers and directors, from any and all actions, claims and demands, for damages, loss or injury, costs, however arising, which may hereafter be sustained by the undersigned in consequence of the actions, or lack of action, of an Independent Respite Care Provider referred through the CRRS and retained by myself for the provision of services for my family member.

\_\_\_\_\_  
Family Member / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Region Respite Society