

RESPIRE SUPPORT AGREEMENT

This agreement is made as of the _____ day of _____, _____, between _____, who resides at _____ and _____, on behalf of _____.

WHEREAS :

The family has fulfilled their responsibilities of the Respite Services Agreement they entered into with the Central Region Respite Society ;

AND WHEREAS:

The independent respite support person has fulfilled his / her responsibilities of the Referral Agreement they entered into with the Central Region Respite Society;

AND WHEREAS:

Both the family and independent respite support person have reached an agreement, in principle, on the issues of financial terms, schedule arrangements, and the related duties and responsibilities of the independent respite support person ;

AND WHEREAS:

The family / guardian and the independent respite support person are desirous of entering into a formal respite service agreement ;

NOW THEREFORE, in consideration of the foregoing recitals and the terms, conditions and covenants contained herein, it is hereby agreed as follows;

1. **FINANCIAL TERMS**

2. **SCHEDULE ARRANGEMENTS**

3. **RESPONSIBILITIES**

4. **SEVERABILITY**

If any provision of this Agreement is held to be unenforceable, invalid or illegal by any court of competent jurisdiction, such unenforceable, invalid or illegal provisions shall void not the remainder of this Agreement.

5. **ENTIRE AGREEMENT**

This instrument contains the entire agreement of the parties. It may not be changed orally but only in writing signed by the party against whom enforcement of any waiver, change, modification, extension or discharge is sought.

6. **LAWS**

The validity of this Agreement and the interpretation and performance of all of its terms shall be governed by the laws of the Province of Nova Scotia.

7. **WAIVER**

Failure of either party hereto to insist upon strict compliance with any of the terms, covenants and conditions hereof shall not be deemed a waiver or relinquishment of any similar right or power thereunder at any subsequent time or of any other provision hereof.

IN WITNESS WHEREOF THE PARTIES HAVE HEREUNTO FIXED THEIR RESPECTIVE SIGNATURES :

Dated at Halifax Regional Municipality, Nova Scotia this day of , .

Independent Respite Care Provider

Family / Guardian