



Platte County Connections
RELEASE OF LIABILITY

In consideration of financial assistance for the In-Home Respite Services provided or to be provided by Platte County Connections, I (we) hereby fully and completely release and discharge Platte County Connections and its agents, employees, volunteers, officers, directors, assigns and successors from any and all liability, claims, actions, damages or lawsuits whatsoever, either arising in contract or tort, which the undersigned now has or may hereafter on account of, or arising out of, or as a result of providing financial assistance and offering a voluntary In-Home Respite Services program for the care of _____, my (our) family member/ward.

I (We) understand and acknowledge that the respite providers are self-employed, independent contractors hired by me (us) on an individual and independent basis, and Platte County Connections has made no representations concerning the qualifications or competency of any such respite provider, has no control over and assumes no responsibility for any such respite provider. I (We) further understand that Platte County Connections may offer, at its sole discretion, optional information and education programs for me (us) and/or respite providers chosen solely by me (us).

I (We) have fully disclosed to the planning team all pertinent facts about my (our) family member's/ward's needs and problems and acknowledge full responsibility for failure to do so.

Date: _____ Signed: _____
(Parent/Guardian)

Signed: _____
(Parent/Guardian)

Witnessed By:

Signature

Print Name