Liability Waiver

**Parties**

This agreement commences on this \_\_\_\_\_th day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_, between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_Alicia O'Malley\_\_\_\_\_\_\_\_, hereafter referred to as "Recipient" and "Vendor."
 **Services**

The Recipient hereby retains the Vendor to provide \_Caregiving, Sitter, Other ( specify) \_services.
 **Remuneration**

The Recipient agrees to pay the Vendor $\_\_\_\_ per in exchange for said services, within 1 \_ days of the time services are rendered.
 **Hold Harmless**

The Vendor agrees to hold confidential the Recipient's private information. The Vendor further agrees to provide services using reasonable care and in accordance with standard best practices. The Recipient agrees to indemnify and hold harmless the Vendor, should any damage occur, resulting from or related to the performance of the Vendor. Should damages occur, the Vendor's liability is limited to a refund of his fee for services rendered.

I hereby accept any and all responsibility for and assume the risk of any and all injury or

damage to my person or dependent children or person receiving care which might arise directly or indirectly as a result of, and a participation in the Alicia O'Malley's Caregiving program. I hereby expressly release discharge and hold harmless from any liability whatsoever Alicia O'Malley and all employees/ partners (including place of rental. i.e. hotel, house, motel, lodge, cabin etc) in their capacities as representatives of Alicia O'Malley's Caregiving Services. I certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heirs, administrators, executors and assignees.

 **Signatures**

By signing this agreement, I confirm that I have the authority to legally bind the business or organization I represent and commit to the terms herein.

Printed Name of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Recipient: \_\_\_\_\_\_\_Parent/ Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of services received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Vendor: Alicia O'Malley\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Vendor: Caregiver, Sitter, Errand runner, Other \_\_\_\_\_

**Circle one:**

I DO or DO NOT give consent to supervised Swimming in my absence.

I DO or DO NOT give consent to supervised outings on the property. (unless under medical emergency)

I DO or DO NOT give consent to supervised outings off the property. (unless under medical emergency)

I DO or DO NOT give consent to automotive transportation. (unless under medical emergency)

I DO or DO NOT give consent to use of my personal automobile. (unless under medical emergency)

I DO or DO NOT give consent to...

Signature of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian email address/s:  *,*