

FM ID: _____ IN ID: _____ (For office use only)



Family Respite Services Windsor / Essex
Service de répit familial Windsor / Essex
3295 Quality Way, Unit 101A Windsor, ON N8T 3R9

Tel (519) 972-9688 Fax (519) 972-8902
www.familyrespiteservices.org



respiteservices.com

Family Agreement and Release

This is an important document. Please read it carefully before signing it.

TO: Family Respite Services

By signing this Agreement and Release I/We acknowledge and agree that:

Respite Providers are not Family Respite Services employees. The Respite Provider Registry has provided me a list of names of available Respite Providers and I am responsible for my selection of a Respite Provider. I will pay the Respite Provider I hire directly. The Respite Provider Registry is not responsible for disagreements I may have with the Respite Provider. I will resolve my problems directly with the Respite Provider. The Respite Provider Registry is not responsible for the actions or conduct of any Respite Provider I hire.

The Respite Provider provided an up-to-date Police Reference Check and letters of reference to the Respite Provider Registry at the time of their activation for the Respite Provider Registry and has confirmed the accuracy and completeness of those references. The Respite Provider Registry has made no representations about the references and is not responsible for checking those references. It is my responsibility to check references and to ensure there is a current Police Reference Check on the Respite Provider.

A Respite Provider is not a trained therapist. Her/his name is being provided to me as a possible Respite Provider who has received an orientation to the Respite Provider Registry process. A Respite Provider may be removed from the Respite Provider Registry at any time, in the sole discretion of Family Respite Services.

The Respite Provider has acknowledged in writing that:

1. She/he is an independent contractor and is not an employee, agent or representative of Family Respite Services or respiteservices.com and is not authorized to represent or speak for Family Respite Services or respiteservices.com;
2. Except where the family that employs the Respite Provider consents, the Respite Provider will keep information about the employer and her/his family or his/her contract with the employer confidential;
3. She/he is solely responsible for any private vehicle she/he uses to transport persons served by the Respite Provider; and
4. She/he is solely responsible for her/his own health or accident insurance, or payment of taxes, or contribution to Employment Insurance or CPP or other benefits plan.

In consideration of my being given access to the names of Respite Providers, I release the Respite Provider Registry and respiteservices.com (which terms in this Agreement and Release includes all parties legally responsible for the Respite Provider Registry and respiteservices.com in particular, the local sponsoring agency(ies), Family Respite Services, and their employees, officers and directors) from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising from my dealings with the Respite Provider Registry, respiteservices.com and any Respite Provider.

I agree to indemnify the Respite Provider Registry and respiteservices.com from all claims made against them as a result of my conduct. I will make no claim against any party that may claim contribution or indemnity from the Respite Provider Registry and respiteservices.com.

Please return with completed registration form, to the Respite Provider Registry: Family Respite Services 3295 Quality Way
Unit 101A Windsor, Ontario N8T 3R9 Phone: 519-972-9688 ext. 136 Fax: 519-972-8902 or email sluelo@familyrespiteservices.org

In partnership with respiteservices.com

FM ID: _____ IN ID: _____ (For office use only)

This Agreement and Release is binding on my/our heirs, executors and other legal personal representatives

If any provision of this Agreement and Release is found to be invalid or unenforceable in whole or in part that provision is to be severed from this Agreement and Release and shall not affect the validity or enforceability of the remainder of this Agreement and Release which shall continue in full force and effect.

In some cases, when an individual's funding is administered by Family Respite Services (FRS), families may request to have their Respite Provider become a contract employee for FRS.

I/we have read and understood all of this agreement and release and I/we agree to all of its terms.

Dated: _____

First Parent or Guardian Signature

Witness Signature

Printed Name

Printed Name

Second Parent or Guardian Signature

Witness Signature

Printed Name

Printed Name