

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.familyrespite.org



Respite Provider Agreement and Release

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

TO: Family Respite Services

By signing this Agreement I acknowledge and agree that:

I am **not** a Family Respite Services (FRS) employee, agent or representative or under its supervision or control. I am an independent contractor (Respite Provider) and will work directly for the parent(s)/guardian(s) of the individual(s) I am contracted to provide respite support to, through the Respite Provider Registry. I am not authorized to represent or speak for Family Respite Services.

Family Respite Services is not responsible for any issues that may arise while I am engaged to provide respite services by the parent(s)/guardian(s) that hire me and I will resolve any issues between myself and the family directly with them. If FRS is notified of a concern or action by me they consider being unprofessional or otherwise inappropriate my name may be removed from the Respite Provider Registry at any time, in the sole discretion of Family Respite Services.

I will provide an up-to-date Vulnerable Sector Screening (VSS) Police Reference Check and reference contact information or letters of reference to Family Respite Services for the Respite Provider Registry; and I confirm the accuracy and completeness of those references. The parent/guardian, who is hiring, may also check my references and are encouraged to do so.

As a Respite Provider providing support to individuals and families that hire me as a result of my posting in the Respite Provider Registry, I understand that I may receive access to confidential information about the individual(s) and the family that I provide respite service to. By agreeing to this statement, I am indicating my understanding of my responsibilities to maintain that confidentiality and agree that:

- Any identifying information about the individual and the family I am supporting will be kept completely confidential and will only be disclosed by me with consent of the individual or family or as required or permitted by law.

Furthermore, I acknowledge and agree that:

- I am solely responsible for any private vehicle I use to transport the persons I serve; and
- I am responsible for my own health, accident and liability insurance, payment of taxes, contributions to Employment Insurance and CPP, and other benefits plans.

By signing this Agreement and Release I release and discharge Family Respite Services (which in this Agreement and Release includes and all persons for which Family Respite Services is legally responsible, including without limitation the employees, agents, officers, and directors of Family Respite Services from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from my dealings with the individual(s) I support as a Respite Provider and their parent(s)/guardian(s) that hire me while I am engaged by them to provide respite services. I agree to indemnify Family Respite Services from all liabilities, loss, claims, demands, costs and expenses incurred by it/them as a result of my actions and conduct in providing the respite services referred to above. I also agree that I will make no claim against any party that may claim contribution or indemnity from Family Respite Services.

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@familyrespite.org

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This Agreement and Release is binding on my 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 through Family Respite Services (FRS), families may request to have their Respite Provider become a contract employee for FRS.

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

Dated: _____

Signature of Respite Provider

Signature of Witness

Printed Name

Printed Name