



Respite Care Voucher Program Waiver and Release from Liability

I have requested participation in Respite Care Voucher Program offered by *ALS in the Heartland*. As a condition to being granted permission to participate in the Program, I agree to release, indemnify and hold harmless *ALS in the Heartland*, its principals, officers, successors, assigns, staff, employees, agents, volunteers, and participants from any and all claims, liabilities, losses and causes of action arising from or related to participation in the Program.

I understand that *ALS in the Heartland* is responsible for payment only to professional care agencies. I understand that I must ensure that the care provider has the appropriate training to care for the needs of the person receiving care. If the care provider is not appropriately trained, I may choose to provide that training myself or find another care provider.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury or death, or damage to or loss of personal property associated with participation in the Program, arising out of or caused by the negligence, in whole or in part, of *ALS in the Heartland* or any other party.

Patient Name: _____

Patient Signature: _____

Caregiver Name: _____

Caregiver Signature: _____

Date: _____