

CAMP PENDLETON EXCEPTIONAL FAMILY MEMBER PROGRAM

RESPIRE CARE

HOLD HARMLESS AGREEMENT

We (I) _____ and _____, the legal parent(s)/custodian(s) of: (All children to be cared for 18 yrs. & under) and/or adult Exceptional Family Member (EFM):

_____	DOB _____	AGE _____
_____	DOB _____	AGE _____
_____	DOB _____	AGE _____
_____	DOB _____	AGE _____
_____	DOB _____	AGE _____
_____	DOB _____	AGE _____

Hereby release our (my) Exceptional Family Member(s), child (ren) and siblings and/or sponsored adult exceptional family member into the full care of:

Name: _____
Address: _____
Telephone Number: _____

For the purpose of providing Exceptional Family Member Program (EFMP) respite care. We (I) further agree as follows:

1. While our child (ren) and EFM is/are in the full care of the above named respite care provider, said respite care provider shall have full care over the siblings and EFM.
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our child(ren) and EFM named above emergency medical care. We (I) continue to be responsible for hospital and physician costs not covered by medical insurance.
3. We (I) expressly release and discharge Camp Pendleton, its staff and employees, the United States Marine Corps and United States Government from any and all claims, demands, liability and damage of any nature whatsoever, arising from or in connection with the placement or medical/dental treatment of our children and EFM, other than that resulting from the negligence or intentional conduct of the above name persons and organizations.
4. **We (I) understand that Camp Pendleton EFMP retains the right to verify the provisions of EFMP respite care and all suspected fraudulent activity will be reported to the Criminal Investigation Division on Camp Pendleton for investigation.**
5. We (I) have read this document and expressly understand and concur with the terms within this agreement. We (I) further agree that this document shall remain in full effect for as long as respite care is provided.

Signature of Parents(s): _____	Date: _____
Signature of Provider: _____	Date: _____
Signature of Adult EFM: _____	Date: _____
Signature of EFMP Staff: _____	Date: _____
Signature of EFMP Staff Witness: _____	Date: _____