

**EMERGENCY RESPITE CARE PROGRAM
HOLD HARMLESS AGREEMENT**

We (I) _____ and _____.

the legal parent (s) /custodian (s) of: (all EFM's to be cared for) and/or adult EFM (LoN 4 only):

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Hereby release our (my) Exceptional Family Member and siblings for the purpose of providing Exceptional Family Member Program (EFMP) Emergency respite care in to the full care of:

Name: _____

Address: _____

Telephone Number: _____

We (I) further agree as follows:

1. While our family member (s) is/are in the full care of the above named respite care provider, said respite care provider shall have full care over the family member.
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our family member (s) named above emergency medical care. We (I) continue to be responsible for the hospital and physician costs not covered by medical insurance.
3. We (I) expressly release and discharge Marine Corps Installation _____, it's staff and employees, the United States Marine Corps and the 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 directly from the negligence or intentional conduct of the above named persons and organizations.
4. 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 affect for as long as respite care is provided.

Signature of Adult EFM: _____ Date _____

Signature of EFMP Designee: _____ Date _____

Signature of Witness: _____ Date _____