



#4 Please return this page

LIABILITY RELEASE FORM

(Date)

As the parent/legal guardian of _____
(Client name)

- I am requesting that BRC hire
1. _____
(Prospective worker name)
 2. _____
(Prospective worker name)
 3. _____
(Prospective worker name)

as a Respite Care Provider under the Employer of Record program to serve my family. I understand that I am serving as a reference for this Respite Care Provider and that I am responsible for his/her training in the care/needs of my family member(s). I am releasing Bay Respite Care from the responsibility of completing any further reference check or training of this individual.

I understand that the Respite Care Provider must submit all required forms, complete CPR/First Aid certification, pass a criminal background check, and sign the Bay Respite Care Employer of Record hiring agreement **BEFORE** s/he can provide service to my family.

I understand that, once hired, the Respite Care Provider, as an agency employee, must abide by all BRCs policies, procedures, and requirements. I understand that Bay Respite Care is not responsible for any injury or accident resulting from the Respite Care Provider driving the client in an automobile.

Parent/Legal Guardian Signature

Program Manager/Assistant for Employer of Record Signature