

US ARMY EFMP RESPITE CARE
HOLD HARMLESS AGREEMENT

We (I) _____ and _____, the
legal parent(s)/custodian(s) of:

_____ DOB _____

_____ DOB _____

_____ DOB _____

hereby release our (my) child(ren) in the full care of _____
(name of respite care provider) for the purpose of providing EFMP respite care.

We (I) further agree as follows:

1. While our child(ren) is/are in the full care of the above named respite care provider, said respite care provider shall have full control over them.
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our (my) child(ren) 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 Fort Hood its staff and employee, the Department of the Army 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 (my) child(ren).
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 effect for as long as respite care is provided.

Signature of Parent: _____

Date: _____

Signature of Army Community Service Representative: _____

Date: _____

Signature of Witness: _____

Date: _____