

29 PALMS EXCEPTIONAL FAMILY MEMBER PROGRAM  
RESPITE 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 EFM:

\_\_\_\_\_ DOB \_\_\_\_\_.

\_\_\_\_\_ DOB \_\_\_\_\_.

\_\_\_\_\_ DOB \_\_\_\_\_.

\_\_\_\_\_ DOB \_\_\_\_\_.

\_\_\_\_\_ DOB \_\_\_\_\_.

Hereby release our (my) Exceptional Family Member child (ren) and siblings and / or sponsored adult EFM 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 children 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 children 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 MCAGCC, 29 Palms, Ca., its staff and employees, the United States Marine Corps and United States Government from any and all claims, demands, liability and damage 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 effect for as long as respite care is provided.

Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_.

Signature of Adult EFM: \_\_\_\_\_ Date: \_\_\_\_\_.

Signature of EFMP Designee: \_\_\_\_\_ Date: \_\_\_\_\_.

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_.