

**PICKAWAY COUNTY FAMILY & CHILDREN FIRST COUNCIL
FAMILY SUPPORTIVE SERVICES ADVISEMENT & RELEASE FORM**

I hereby advise the Pickaway County Family & Children First Council and the Pickaway County Board of Commissioners that the following named: _____ shall
respite provider childcare provider - tutor other

provide for the health and safety of my child(ren)_____.
(Child/Children's names)

I have personally selected this provider, without any input from the Pickaway County Family and Children First Council and/or the Pickaway County Board of Commissioners. I hereby waive any duty or responsibility to have the Pickaway County Family & Children First Council and/or the Pickaway County Board of Commissioners conduct a background investigation on this provider.

In consideration of the receipt of benefits under this program, I hereby release Pickaway County, the Pickaway County Board of Commissioners, the Pickaway County Family and Children First Council, the Pickaway County Department of Job and Family Services and or any of the respective officers, employees, and any or all the agencies represented on council and or volunteers from any present and future claims, including but not limited to: negligence, property damage, personal injury, or wrongful death, arising from our participation. I further agree to assume all liability for the selection of

this _____ Provider.
respite provider childcare provider - tutor other

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from participation in this program, including but not limited to: negligence, property damage, personal injury, or wrongful death.

Although this document was drafted on behalf of the forgoing parties, I have read this document and thoroughly understand the terms and conditions, and agree that this document shall not be unreasonably construed against the drafter.

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may be available to my child(ren) and me.

RESPITE PROVIDER: NAME: _____

ADDRESS _____

PHONE _____

SSN _____ DOB _____

A copy of the providers Social Security Card must be provided to the Pickaway County Family and Children First Council

PARENT/ GUARDIAN

DATE

PICKAWAY COUNTY FAMILY & CHILDREN FIRST COORDINATOR

DATE

