

## #4 Please return this page

### LIABILITY RELEASE FORM- RCEB Client

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 Self-Service Respite 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 it is the responsibility of the Respite Care Provider to comply with the state mandated CPR & First Aid training.

I understand that the Respite Care Provider must submit all required forms and documents, pass a criminal background check/DOJ clearance, and sign the Bay Respite Care Self-Service Program hiring agreement **BEFORE** s/he can provide service to my family. I also understand that my Respite Worker must provide proof of current CPR & FA certification to BRC within 90 days of hire and maintain that certification or face termination.

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, once hired, the Respite Care Provider, as an agency employee, must abide by all Bay Respite Care policies, procedures, and requirements. Non-compliance by a Respite Care Provider may result in his/her receiving progressive discipline, up to and including termination.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Self-Service Program Manager/Program Assistant

\_\_\_\_\_  
Date