



**UNITED STATES MARINE CORPS
MARINE CORPS COMMUNITY SERVICES
MARINE AND FAMILY SERVICES DIVISION
MARINE CORPS BASE HAWAII
KANE OHE BAY, HAWAII 96863-3073**

EFMP Respite Care Program Hold Harmless Agreement

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

_____ DOB _____
 _____ DOB _____
 _____ DOB _____
 _____ DOB _____
 _____ DOB _____

Hereby release our (my) child(ren) into the full care of the following Respite Care Provider for the purpose of providing EFMP respite care:

Name: _____

Address: _____

Phone Number: _____

We (I) further agree as follows:

1. While our child(ren) is/are in the full care of the above named respite care work, said respite care worker 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 Marine Corps Base Hawaii, its staff and employees, the Department of the Navy 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), other than that resulting directly for 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/Custodian: _____ Date: _____

Signature of Parent/Custodian: _____ Date: _____

Signature of MFS Representative: _____ Date: _____