

Pikes Peak Respite Services
PO Box 38455
Colorado Springs, CO
80937

719-659-6344



Permissions and Release of Liability

I, _____ give Pikes Peak Respite Services Inc. full responsibility and authority
(Parent or Guardian's Name)

for the care, safety and well being of my child: _____
(Person (s) receiving care)

I authorize Pikes Peak Respite Services care provider(s) to provide transportation and will not hold them liable for any accident or illness suffered by my child if such accident or illness occurs through no negligence or intentional acts of the care provider(s).

I authorize Pikes Peak Respite Services care providers to administer medications and g-tube feedings as listed on Emergency Contact and Current Medication Information Form.

I authorize Pikes Peak Respite Services care provider(s) to consent to any emergency medical and/or surgical treatment which the care provider(s) deems advisable if I cannot be located.

Pikes Peak Respite Services and all other sponsoring and participating organizations and individuals are hereby released from any and all liability, including, without limitation, personal injury or death, that may occur as a result of my voluntary use of Pikes Peak Respite Services Inc. I certify that I am the parent(s) or legal guardian of the above-named individual.

I have read this document and expressly understand and concur with the terms within this agreement. I further agree that this document shall remain in full effect for as long as services are provided.

Printed Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date