

ITEM J - DOCUMENT TO BE RETURNED

WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS WHEN A RESIDENT LEAVES THE CARE FACILITY, any risks that may arise from negligence or carelessness on the part of the persons being accompanied, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I WAIVE, RELEASE, AND DISCHARGE Meddyg Care and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any and all liabilities or claims made as a result of taking the resident away from the care facility, whether caused by the negligence of release or otherwise.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Name of Resident: _____

Resident / POA / Relative signature: _____

Name (in block capitals) _____

Date: _____

Clinical Manager / Nurse Name: _____

Signature: _____

Date: _____