

Caregiver Release of Liability

CLIENT INFORMATION

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

CLIENT'S CONSENT

I. Introduction

This Caregiver Release of Liability (the "Release") outlines the terms and conditions governing the provision of caregiving services by the Caregiver to the Recipient(s). The purpose of this document is to release the Caregiver from any potential claims or legal responsibility for injuries, damages, or losses that may occur while providing care services to the Recipient(s).

II. Terms of Agreement Parties to Agreement

The parties involved have come to a mutual agreement about the terms and conditions that have been defined and outlined in this Release. These terms and conditions are intended to oversee and dictate how the caregiving services will be provided by the Caregiver to the Recipient(s). The parties concur and stipulate to adhere to these regulations and provisions.

V. Care Services

The Caregiver agrees to provide the following caregiving services to the Recipient(s):

Assistance with non-medical daily living activities and meal preparation

Light housekeeping tasks to maintain a clean and organized living environment

Transportation is provided for appointments and social activities

Companionship to offer emotional support and foster connection

Assistance with mobility exercises- light stretching and walking

Any known allergies: Yes No

By signing below, I confirm that I have read, comprehended, and agree to the checklist and the lash lift procedure outlined above.

Client's Signature:

Technician's Signature: