



Henderson Hall EFMP Respite Care Reimbursement Program
Hold Harmless Agreement

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

_____ DOB _____

_____ DOB _____

_____ DOB _____

hereby release our (my) Exceptional Family Member child (ren) and age-typical siblings and /or sponsored adult EFM into the full care of:

Name: _____ Phone Number: _____

Address: _____ for the purpose of providing Exceptional Family Member Program (EFMP) respite care.

We (I) further agree as follows:

- 1. While our children and EFM(s) is/are in the full care of the above named respite care provider, said respite care provider shall have full care over the siblings and EFM(s).
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our children and EFM 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 Henderson Hall Marine Corps Base, Arlington, VA, its staff and employees, the United States Marine Corps, and United States Government from any and all claims, demands, liability, and damage of our children and EFM.
4. We (I) understand that EFMP retains the right to verify any information provided and certify that the information provided is accurate. We (I) understand that it is our (my) responsibility to report any changes of provider's information to local installation EFMP.
5. 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 by the above provider.

Signature of Parent(s): _____ Date: _____

Signature of Adult EFM: _____ Date: _____

Signature of POA Designee: _____ Date: _____