Hillsdale County Veterans Affairs

Release by Respite Care Client

Waiver of Liability:

In consideration of Hillsdale County Veterans Affairs paying for care and assistance provided to me or my dependent by ExtrOdinary Solutions, LLC, it's officers, owners, personnel, employees, agents, contractors, invitees, or volunteers, I assume all responsibility for any dangers, risks or injuries inherent with the activities of ExtrOdinary Solutions to include but not limited to the following services provided for _____: light housekeeping, local transportation to doctor appointments, grocery shopping, etc., minor handyman work, companion care, monitoring of vital signs, assistance with medications, and any other activities they perform and provide. I further hereby hold harmless and release and forever discharge Hillsdale County Veterans Affairs, there representatives, and successors, from any and all claims and demands whatsoever, which the undersigned, and their heirs, representative, executors, and personal representatives thereof, or any person acting in behalf of myself, have or may have against Hillsdale County Veterans Affairs, their representative, and their successors, by reason of accident, illness, injury, property loss or damage or any other consequences, intended or unintended, arising or resulting directly or indirectly from any participant on from the activities of the staff of ExtrOdinary Solutions, LLC of 3520 Lake Drive, Michigan 49242.

Release of billing information

I understand that by having Veterans Affairs pay for services provided to me by ExtrOdinary Solutions, I agree to allow, and require, ExtrOdinary Solutions to supply and release all financial billing information regarding care and services provided to me, to include not only billing for service paid for by Veterans Affairs, but also to include billing for services provided by ExtrOdinary Solutions which are paid for by myself or a third party. I understand that such information released to Veterans Affairs is for the sole intent and purpose of review and use by Veterans Affairs and will not be released to another (third) party or person without my express consent. This release is solely for monthly billing periods during which I am receiving services for which Veterans Affairs is paying.

In plain and simple language

I agree not to hold Hillsdale Veterans Affairs responsible for any actions by ExtrOdinary Solutions and their caregivers. I also allow ExtrOdinary Solutions to share with Veterans Affairs ALL financial information regarding care and help they provided to me.

_____	_____	_____
Signature	Date	Print Name
_____	_____	_____
Witness Signature	Date	Print Name