



Caregiver Assistance Fund Application

Date: _____

Are you nominating someone for respite caregiving services? Yes ___ No ___

If yes, provide your name and phone number. _____

Caregiver Information

Please rate the level of need _____ (1 = Lowest Need 5 = Highest Need)

Name: _____

Mailing Address: _____

Phone: _____

Email (optional): _____

Physical Address: _____

Care Recipient Information

Full Name: _____ Age: _____ Male Female

Physical Address: _____

Do you currently pay a caregiver agency or individual caregiver outside of the family? Yes No

If yes, who? _____

How long has care recipient been receiving care? _____

Do you have a preferred agency you would like to use for caregiving services if possible? Yes No

Please describe the care recipient's needs; your needs; and any specific information that you feel is important.

EVSL Caregiver Assistance Fund

Waiver and Release from Liability

For and in consideration of receiving a referral for in-home care at no cost, I (also, the “Undersigned”), HEREBY RELINQUISH, WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Eagle Valley Senior Life (EVSL) and its agents, employees, officers, directors, affiliates, members, representatives and assigns (collectively with EVSL, the “Released Parties”), of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, losses and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to the in-home care being provided to me by a third party (the “Service Provider”) referred by EVSL (“Claims”), provided that this waiver of liability does not apply to any intentional, willful or wanton misconduct by the Released Parties. Further, the Undersigned COVENANTS NOT TO SUE any Released Party with respect to any such Claim.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of the Undersigned and EVSL.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of the Undersigned, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

I hereby acknowledge that all information presented is accurate and I have read, understand, accept and consent to be bound to the Waiver and Release from Liability.

IMPORTANT - BY CLICKING ON THE “SUBMIT” BUTTON BELOW, YOU INDICATE THAT YOU HAVE READ, UNDERSTAND, ACCEPT AND CONSENT TO BE BOUND BY THIS WAIVER AND RELEASE.

For printed copies, please print and sign your name:

Print Name: _____ Date: _____

Signature: _____

Send the completed and signed application and waiver to:

Caregiver Assistance Fund
Eagle Valley Senior Life
PO Box 9727
Avon, CO 81620