

COMMUNITY AGING IN PLACE PROGRAM (State)
OLDER ADULT HOME MODIFICATION GRANT PROGRAM (Federal)

Consent and Release and Waiver Agreement

This Release and Waiver of Liability (the "Waiver") is executed on this ____ day of _____, 2022, by _____ (the "Homeowner/Recipient"), in favor of _____ (the "Partner Organization") _____ ("Partner Organization" Acronym).

CONSENT:

I, the Homeowner/Recipient, have asked to have _____ to perform work in my home and to engage in activities related to increasing safety, accessibility and minimizing the burden of home maintenance inside my home.

ACCEPTANCE, RELEASE AND WAIVER:

I acknowledge that I have been consulted about the actions _____ will take as described in the attached Work Plan when I requested this work be done and again when workers arrived to perform the tasks.

I understand that _____, the organizers, and the persons performing the work do not guarantee any of the materials installed or the work performed.

I understand that _____ the organizers, and the persons performing the work assume no liability for the quality of the materials installed or the quality of the work performed, or any accidental damage to my property and I shall not hold them liable.

I understand that _____ is committed to completing the work itemized on the attached Work Plan. Upon completion of the work, the project will be considered finished.

I do hereby release and forever discharge and hold harmless _____ and its agents, successors and assigns, from any claims, liabilities and demands of any kind or nature, either in law or in equity, that I, the Homeowner/Participant, may have against _____, and its agents, successors and assigns, which arise or may hereafter arise from work performed as part of the Community Aging in Place Program.

IN WITNESS WHEREOF, I, the Homeowner/Recipient, have executed this Agreement as of the day and year first written above.

Homeowner Signature _____

Homeowner Printed Name _____

Recipient Signature (if different) _____

Recipient Printed Name (if different) _____

Witness Signature _____

Witness Printed Name _____

**Homeowner and Participants must sign this form before work begins.*