

**PARENT OR GUARDIAN SIGNATURE FORM**

Revised 01.14.11

I have selected \_\_\_\_\_ (name of family selected as the Autism Respite Services Caregiver) to serve \_\_\_\_\_ (name of individual with autism). By my signature below, I certify that the health and safety needs of my child or ward will be met and that no liability shall be incurred by Hamilton County Developmental Disabilities Services or Community Supports for any act or omission committed by the caregiver that I have chosen or by the person(s) acting on behalf of the caregiver that I have chosen.

Furthermore, I release, indemnify, and hold harmless Hamilton County Developmental Disabilities Services and Community Supports and their respective offices, employees, and agents from any suit or other legal proceedings arising from any act or omission committed by the caregiver that I have chosen or by the person(s) acting on behalf of the caregiver that I have chosen.

I will provide or cause to be provided any training that may be needed for any person or persons I have chosen to work with my child or ward. I will assure that the caregiver and any person acting on behalf of the caregiver will acknowledge the obligation by law to report major unusual incidents, as defined in Ohio Administrative Code 5123: 2-17-02 and the appropriate law enforcement agency as outlined in Ohio Revised Code Section 5123.61.

**Signature of Parent or Guardian** \_\_\_\_\_

**Date signed** \_\_\_\_\_

---

**Please sign and return this form with your completed enrollment form to The Intake Department at HCDDS / 1520 Madison Road / Cincinnati 45206 or fax the form to 559-6602.**

---