



MARINE CORPS COMMUNITY SERVICES
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MARINE AND FAMILY PROGRAMS: EXCEPTIONAL FAMILY MEMBER PROGRAM
RESPITE CARE

HOLD HARMLESS AGREEMENT

We (I) _____ and _____,
the legal parent(s) /custodian(s) of: (all children to be cared for 18
yrs & under) and / or adult EFM:

_____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

Hereby release our (my) Exceptional Family Member (EFM) child (ren) and
or sponsored adult EFM into the full care of:

Name: _____

Address: _____

Telephone Number: _____

For the purpose of providing Exceptional Family Member Program (EFMP)
respite care.

We (I) further agree as follows:

1. While our 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 EFM.
2. We (I) hereby authorize any licensed medical facility operated or
sanctioned by the United States Government to provide our EFM(s) 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 MCAS Iwakuni, Japan, its
staff and employees, the United States Marine Corps and United States
Government from any and all claims, demands, liability and damage of
our EFM (s), other than that resulting directly from the negligence or
intentional conduct of the above named persons and organizations.
4. 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.

Signature of Parent(s): _____ Date: _____

Signature of Adult EFM: _____ Date: _____
(If Applicable)

Signature of EFMP Manager: _____ Date: _____

Signature of Witness: _____ Date: _____