



PARENT/GUARDIAN RELEASE FORM FOR THE SSAH PROGRAM

**TO: ErinoakKids
Centre for Treatment and Development**

RE: SPECIAL NEEDS WORKER FUNDING FOR _____
Full Name of Client

I, _____
Full Name of Parent or Guardian in consideration of the provision or program funding administration services hereby release and forever discharge ErinoakKids from all actions, causes of actions, suits, debts, dues, sums of money, claims and demands, costs, expenses, damages, losses and liabilities whatsoever at law or in equity, either past, present or future, which in any way arise from or relate to the provision of services by the special needs worker to my child or our family.

I also agree to save harmless and indemnify ErinoakKids from and against;

- (i) any and all claims, charges, taxes, penalties, or demands which may be made by the Minister of National Revenue requiring ErinoakKids to pay income tax, charges, taxes, penalties under *the Income Tax Act (Canada)* and/or any other applicable provincial or federation taxation statutes on which may be made in relation to the Employment Insurance Commission and the Canada Pension Plan and any premiums, entitlement or benefits relating thereto under the applicable statutes and regulation; and,
- (ii) in respect of any complaint, claim, charge, or demand which may be made for termination pay or pay in lieu of notice, overtime, vacation pay, holiday pay or any other entitlement under the *Employment Standards Act* and any other applicable statutes.

This release shall ensure to the benefit of ErinoakKids , its officers, agents, employees, successors, assigns and other legal representatives, and to the benefit of each parent or guardian of the special needs child and their respective heirs, executors and other legal representatives, and shall be binding upon the undersigned and the undersigned's heir, executors and other legal representatives.

IN WITNESS WHEREOF THE UNDERSIGNED HAS EXECUTED THIS RELEASE

ON THIS _____ DAY OF _____, 20____.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF:

Witness Signature

Parent/Guardian Signature

Witness (Printed Name)

Telephone Number

Parent/Guardian (Printed Name)