

ITASCA COUNTY HEALTH AND HUMAN SERVICES ITASCA RESOURCE CENTER

1209 S.E. 2nd Ave., Grand Rapids, Minnesota 55744-3983 Hearing Impaired Number TDD: 218-327-5549

218-327-2941

Visit us at: www.co.itasca.mn.us

INDEMNIFICATION AGREEMENT

1 25 ma	other/legal guardian/eu	stodian and I,	oo fakkau/laasi
guardian/ custodian hereby acknowl			
		ch, we are requesting payment	. 2
and Human Services (ICHHS) for the			
acknowledge that we have requested			
friend/ activity provider be permitted respite provider.			
We, the undersigned, by our signatural liability and responsibility of any natural or financial harm or injury, and include supervision and care, or lack thereofy respite provider is not an employee of the respite provider's performance of the undersigned, herby stipulated complete agreement with each other we are agreeing to, and that we have or threats we made in order to affect to the stipulate of the stipulate or threats we made in order to affect the stipulate or threats.	ure whatsoever for any ding attorney's fees and provided by the respit of ICHHS, and that as sure actions, or lack there and agree that we have the acknowledge that a root signed this agreen	harm or injury, including but reduced have result for the provider. Further, we under the provider of the providing responsible for the providing respite care to be signed this agreement of out the twe are of sound mind and the second mind and the second respite care to the providing respite care to the p	not limited to physical, mental, rom the agreement and the stand and agree that the or the supervision or review of our child. It own free will, and in that we fully understand what
Name of Parent (Printed)		Name of Parent (Printe	
			<u></u>
Signature	Date	Signature	Date
NOTARY	Date	NOTARY	

Revised; CDP;2/13/2012