



Caring Resources for Living
ALL-PURPOSE RELEASE FORM

PLEASE READ AND UNDERSTAND THIS FORM BEFORE YOU SIGN
It requires all 3 pages to be complete. CRL is required to have this form before we can fulfill your request. If you have questions or do not understand this form, please ask your service provider or call CRL directly for clarification.

Child's Name: _____
 Parent(s) or Guardian(s): _____
 Referring Professional: _____

Please provide a detailed description of Service/Equipment requested, including sizes, model numbers, color and other special requirements:

Acknowledgment of CRL's Role and Release of Liability

CRL is not a direct service provider. CRL is helping your child because a professional care provider identified a critical need for services and/or equipment and asked us to help facilitate the provision of services and/or equipment. CRL is not treating or diagnosing the child, nor is CRL prescribing, recommending or endorsing the equipment/services contemplated. While CRL hopes that this effort will be beneficial, CRL makes no representation, warranties or promises with respect to the equipment/services.

In the case of a service, you should know that CRL did not choose the service provider, CRL does not employ the service provider, and CRL did not screen the service provider. CRL takes no responsibility for the actions, inactions, or negligence of the service provider. In the case of equipment, you should know that CRL did not manufacture the equipment, CRL does not warrant the equipment, and as with any piece of equipment, CRL recommends that you seek professional advice and instruction before using the equipment. If you are being provided with equipment from the CRL equipment locker, then you must read and sign an additional disclosure and release form.



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I/WE HEREBY ACKNOWLEDGE THAT WE UNDERSTAND CRL’S ROLE AS SET FORTH ABOVE, AND I/WE HEREBY RELEASE CRL AND HOLD CRL HARMLESS FROM ANY AND ALL LIABILITY THAT MAY ARISE FROM OR RELATE TO THE EQUIPMENT AND/OR SERVICES PROVIDED.

Signed:

Date

Parent/Guardian

Date

Parent/Guardian

Authorization for Release of Medical Information only for the purpose of completing the specific request of CRL

The parents or legal guardians of _____ hereby (1) grant Caring Resources for Living permission to obtain all medical information about the recipient that Caring Resources for Living deems necessary for consideration or fulfillment of the service; (2) authorize all health care providers, including recipients primary physician, to provide Caring Resources for Living with all such information regarding recipient; and (3) agree to sign any additional medical authorization forms that may be required by recipients health care provider(s).

Signed:

Date

Parent/Guardian

Publicity Authorization

CRL wants to benefit as many children as possible, and it is vital for us to tell our sponsors, donors, care providers and even the public about the important work that we do. CRL respects your privacy and will not use pictures or names without your permission. However, CRL requests that you check the boxes below and expressly authorize us to use you and your child’s names and likenesses in our promotional material.



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Publicity Authorization:

Yes, I authorize CRL to use my name and my child's name in CRL publicity.

Yes, I authorize CRL to use photos and/or video of me and my child in CRL publicity.

Please be aware that CRL always reserves the right, without revealing personal information, to publicize the unique story and circumstances regarding CRL's activities, including our involvement with you and your child.

Signed:

_____ Date

_____ Parent/Guardian

Thank you. Your signature on this form will make it possible for CRL to take the next steps in responding to your request as quickly as possible.

Acknowledgment of Referring Professional

I hereby acknowledge that I have reviewed this CRL All-Purpose Release Form with the Parent/Guardian and, to the best of my knowledge, the Parent/Guardian has read, understood, and voluntarily signed this form. I certify that the equipment and/or services to be provided were prescribed or recommended by a medical professional.

Signed:

_____ Date

_____ Referring Professional, signature

Please send this signed form to CRL:

Fax: 207-846-1661 or **Mail:** 1018 North Road, North Yarmouth, Maine 04097