

Neighbor to Neighbor in the Nenes
Member Waiver

Thank you for contacting Neighbor to Neighbor in the Nenes. We look forward to assisting you. We apologize for presenting you with this waiver form but it is a necessity. Please take a moment to review and sign it so that we can begin to refer you to a service provider. Sign, scan and e-mail it to ageinplace@earthlink.net or return via U.S. mail to 1525 Heechee Nene. Thank you.

By signing below, I confirm and acknowledge my understanding that Neighbor to Neighbor in the Nenes serves only as an informational resource to connect potential service providers and volunteers with residents who indicate a need for services. Service providers and volunteers will have a direct relationship with the resident or customer, and Neighbor to Neighbor in the Nenes will not serve as an intermediary or agent for service providers, volunteers, customers, or residents. Service providers may charge fees and costs for their services which residents should discuss directly with the provider.

While Neighbor to Neighbor in the Nenes has taken steps to assess the suitability of service providers and volunteers, such as checking provider specified references and referrals from neighbors on social media when available, Neighbor to Neighbor in the Nenes cannot and does not vouch for or warrant that any service provider or volunteer has been fully screened, qualified or vetted with respect to their personal or professional background, competence, skill, trustworthiness or in any other way.

By signing below I also hereby waive any and all claims against Neighbor to Neighbor in the Nenes and any of its agents on behalf of myself and any others in my household or on whose behalf I am acting, for any loss or harm that may arise in any way from a service provider or volunteer that I learn about from Neighbor to Neighbor in the Nenes. I have carefully reviewed this Form, and I am fully aware of the legal consequences of signing this Form.

I also understand that Neighbor to Neighbor in the Nenes does not screen clients, residents, volunteers or other service providers for any health condition, including any communicable disease, and I waive any claims against Neighbor to Neighbor

in the Nenes related to any illness or health condition that may be transmitted among clients, residents, volunteers or other service providers.

Signed: _____

Date: _____

Printed Name: _____