

Release of Liability

I, _____, understand that *Company Name* cannot and will not be responsible for *describe item or situation* (“*item or situation*”) and that *Company Name* has also notified *Referral Source* that its nurses are not trained in *usage of item or situation*.

I further understand that *Company Name* has only agreed to assist me in my home, with *description of care to be given....*

I, and my heirs and assigns, in consideration of the *care to be given* to be performed by *Company Name* as ordered by my Doctor, hereby release *Company Name* its officers, employees, and agents from any and all liability associated with *item or situation* which might occur during *the care to be given*.

Patient Signature

Date