

Liability Release for Private Providers

Name of Private Provider: _____

Name of Student to be Provided Services or Supports: _____

I hereby release and waive any and all claims or causes of action against the Educational Service Center of Central Ohio and/or its members, employees, or agents, except for claims or causes of action that are the result of negligent or willful misconduct which may arise in connection with my provision of services or supports to the above-named student.

I hereby release and agree to indemnify and hold harmless the Educational Service Center of Central Ohio and its members, employees, or agents from any and all liability, claims, or causes of action of any kind arising from or relating to my provision of services or supports to the above-named student.

I realize and acknowledge that I am not an employee of ESCCO or any physical school district in which I am providing service.

Signature of Private Provider

Date

Cc: Student File
ESC Center for Student Services
District of Residence
Private Provider Employer