THIRD PARTY PROVIDER AGREEMENT
RESIDENT SIGNS

This Agreement is entered into this _____ day of_____, 200__, by and between
_____("Resident") and _____("Residence")

Resident has elected to utilize the services of a third-party provider to provide the
following services to Resident: _____
_____

Resident understands and acknowledges the third-party provider is not an employee or
agent of the Residence and has been retained to provide services solely to the Resident.

Resident understands and acknowledges that the third-party provider must execute a
Third Party Provider Agreement and clear a criminal background check <u>prior</u> to the third-
party provider being allowed to provide services to Resident.

Resident understands and acknowledges that the third-party provider must comply with
all applicable policies of the Residence and the terms of the Third Party Provider
Agreement in order to continue to serve in the capacity of a third-party provider.

Resident understands and acknowledges that Residence has the right to terminate the
Third Party Provider Agreement and exclude a third-party provider from providing
services within the Residence for violation of Residence policies, breach of the Third
Party Provider Agreement or other disruption of Residence's operations.

RESIDENT HEREBY WAIVES ANY CLAIM AGAINST ERSIDENCE ARISING
SOLELY OUT OF THE NEGLIGENT OR INTENTIONAL ACTS OR OMISSINS OF
ANY THIRD-PARTY PROVIDER PROVIDING SERVICES TO RESIDENT ("THIRD
PARTY PROVIDER CLAIMS"). RESIDENT AGREES TO DEFEND AND
INDEMNIFY RESIDENCE FROM AND AGAINST ANY AND ALL SUCH THIRD-
PARTY PROVIDER CLAIMS.

I have read, understand and accept the terms of this Agreement.

_____   _____
Residence   Date

_____   _____
Person Authorized to Sign on Behalf of Resident Date