

**SPECIAL NEEDS WORKER RELEASE FORM  
FOR THE SSAH PROGRAM**

**TO: ErinoakKids  
Centre for Treatment and Development**

**AND TO: Each Parent/Guardian of the Special Needs Child**

\_\_\_\_\_  
Full Name of Client

I, \_\_\_\_\_, in consideration of program funding administration  
Full Name of Special Needs Worker

services and my engagement and the fee for service paid to me in relation to the special needs child, hereby release and forever discharge ErinoakKids and each parent or guardian of the special needs child from all actions, causes of actions, suits, debts, dues, sums of money, claims and demands, costs, expenses, damages, losses and liabilities whatsoever at law or in equity, either past, present or future which in any way arise from or relate to the services that I render to the special needs child and the family of that child, or which relate to any service provided by ErinoakKids.

I also agree to save harmless and indemnify ErinoakKids and each parent or guardian of the special needs child from and against:

- (i) any and all claims, charges, taxes, penalties, or demands which may be made by the Minister of National Revenue requiring ErinoakKids to pay income tax, charges, taxes, penalties under the *Income Tax Act (Canada)* and/or any other applicable provincial or federation taxation statutes or which may be in relation to the Employment Insurance Commission and the Canada Pension Plan and any premiums, entitlement or benefits relating thereto under the applicable statutes and regulation; and
- (ii) in respect of any complaint, claim, charge, or demand which may be made for termination pay or pay in lieu of notice, overtime, vacation pay, holiday pay or any other entitlement under the *Employment Standards Act* and any other applicable statutes.

This release shall endure to the benefit of ErinoakKids, its officers, agents, employees, successors, assigns and other legal representatives, and to the benefit of each parent or guardian of the special needs child and their respective heirs, executors and other legal representatives, and shall be binding upon the undersigned and the undersigned's heirs, executors and other legal representatives.

**IN WITNESS WHEREOF THE UNDERSIGNED HAS EXECUTED THIS RELEASE ON THIS**  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

**SIGNED, IN THE PRESENCE OF:**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Special Needs Worker Signature

\_\_\_\_\_  
Witness (Printed Name)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Special Needs Worker (Printed Name)