



MELISSA BLANAR  
Director

County of Orleans  
**Office for the Aging**  
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MEGHAN BEVINS  
Asst. Director

### Waiver of Liability

### **Private Hire Directory**

By utilizing the Orleans County Office for the Aging private hire list/independent providers list, I hereby release, discharge and hold harmless the County of Orleans, the Orleans County Office for the Aging, its elected officials and officers, employees, contractors and subcontractors, agents and assigns, from any and all claims, actions, causes of action, liabilities or damages arising from use of said list.

I understand that the Orleans County Office for the Aging is solely furnishing information as to the names of private individuals who have indicated an interest in providing services. I further understand that the Orleans County Office for the Aging is not making any recommendations for said individuals on the list.

Furthermore, I understand that all responsibility, including but not limited to hiring and financial arrangements, rests between the employer and the employee. I further understand that there is no employer/employee relationship between the County of Orleans and the individual from the private hire list/independent providers list.

Client Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To receive a Private-Hire directory please complete this Waiver and return it with a self-addressed, stamped envelope to the Office for the Aging at the above address.**