



Lex-Care Release Form

THE REFERRING AGENT MUST WITNESS THE CLIENT SIGN AS "SIGNATURE OF RELEASEE".

Fax form to (859)422-5993

My signature below indicates my acknowledgement and agreement with the following statements

1. For valuable consideration and in exchange for assistance and services provided and to be provided from Lex-Care, Inc., a Kentucky not-for-profit corporation, the receipt for which are hereby acknowledged. I, _____, hereby unconditionally release and forever discharge Lex-Care., its officers, directors, attorneys, employees, agents, volunteers, representatives, successors and assign from any and all debts, claims, actions, causes of action and demands of any nature arising or allege to have arisen at any time to the date of this release now existing or which may hereinafter arise out of the relationship between Lex-Care Inc. and the undersigned. In testimony where of, this Release has been executed this _____ day of _____, 20_____.
2. I consent that Lex-Care, Inc. may release any pertinent information to social service agencies, vendors or businesses that is necessary to complete services to my household.
3. I consent that social service agencies, vendors or businesses my release to Lex-Care, Inc. any pertinent information that is necessary to complete services to my household.
4. I understand that any assistance provided is dependent upon the donations received in response to the "Make-A-Difference" column. The maximum assistance allowed as ruled by the Board of Directors is \$750.

Signature of Releasee

Referring Agent

Optional (Name will not be used unless optional statement is signed by client)

_____ *I hereby allow Lex-Care, Inc. to use my name and/or photo (circle one or both)*

Signature of Releasee

Referring Agent/Witness