



## **Liability Statement for Outside Service Providers**

Outside Service Provider Employee \_\_\_\_\_

Student Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Point of Contact \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

CMCSS and its employees do not provide supervision for the work product or actions of the Agency's employees/agents. In furtherance of this understanding, Agency and Parent hereby agrees to indemnify and hold harmless CMCSS and its employees with respect to any claims or actions made as to the services, work product, or actions of Agency's employees/agents while in a CMCSS facility.

The above named outside provider agrees to carry adequate public liability and other appropriate forms of insurance. The school system shall carry no liability or insurance on above named individual.

\_\_\_\_\_  
Signature of Outside Service Provider Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Point of Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency Point of Contact

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date