

UPPER ARKANSAS AREA AGENCY ON AGING

HANDYMAN/CHORE SERVICES PROGRAM WAIVER/RELEASE AND WORK-ORDER FORM

The undersigned has requested services from the Area Agency on Aging, herein designated as the Agency, for CHORE SERVICES. The undersigned understands that the Agency administers the funding for the Chore Services Program and is not responsible for the work that is performed or the volunteer or hired contractor that performs the work. The undersigned agrees that the Handyman/Chore Service will be provided at:

PLEASE PRINT ADDRESS In Box Below

Address:	<table border="1"><tr><td>Correct:</td></tr><tr><td>Yes: ___ No ___</td></tr></table>	Correct:	Yes: ___ No ___
Correct:			
Yes: ___ No ___			

That the undersigned will make no claim against the Agency or persons employed to perform such work for any damage, direct or indirect, arising out of the construction of said improvements or tasks.

That the undersigned will make no claim against the Agency and that no warranty, expressed or implied has been given.

That the undersigned will make no claim against the Agency or persons employed by it for any defect in workmanship or for any other reason or cause whether or not such reason or cause is expressly set forth herein.

The undersigned states that they are the rightful owner of said property or they have obtained permission from the rightful owner to make the modifications requested.

Type/Print Client's Name: _____

Client's Signature

Date