



INTERESTED SERVICE PROVIDER LISTING DISCLAIMER, WAIVER & INDEMNIFICATION

(To be completed by participating senior)

As a service to our senior residents, the City of Irvine's Keen Center for Senior Resources (the "City") provides to the public a list of individuals and companies that offer paid services for seniors. The City reserves the right to refuse those listings which do not offer services to those residing within the City of Irvine.

The City does not in any way screen, recommend, investigate, endorse, supervise or guarantee the services of the service providers, nor the accuracy or quality of any listing, nor the suitability of the service or the listed individuals or agencies. Those listed and those using the list must communicate, investigate, and contract with each other individually and **AT YOUR OWN RISK.**

The City recommends your consideration of the following information regarding employing an Interested Service Provider/ Contractor:

- Check their references, get written estimates of cost, and ask for proof of adequate insurance, including worker's compensation insurance if they have employees. Ask for liability insurance endorsement naming you an "additional insured" while you are employing them.
- For information about when a contractor's license is required, and to check the status of a contractor's license, check the State's website at <http://www.cslb.ca.gov/>.
- If you employ an individual, you may be responsible for certain federal and state payroll taxes, Social Security, Medicare, unemployment and other taxes. Check with your tax professional.
- You could be responsible for work-related injuries occurring at your home. (Check with your insurer and insurance agent to make sure you're covered.)

WAIVER, RELEASE, AND INDEMNIFICATION

By signing below, the undersigned hereby releases, waives and holds harmless the City of Irvine and its Council members, officers, employees, and agents (collectively "City Representatives") from any and all suits, claims, damages, losses, injuries (including property damage, bodily injury or death), and any other compensable loss of any type (collectively "Claims") to you and your family arising out of the use of the Interested Service Provider list, or arising out of any contractor or other service arrangements made by users of the list, whether or not the negligence of the City or City Representatives contribute to or cause the Claims. This release does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of the City or City Representatives. You further agree to defend and indemnify the City and City Representatives from any and all Claims directly or indirectly arising out of your negligent, reckless or willful acts or omissions.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AND AGREE.

PRINT NAME*

DATE

SIGNATURE*

WITNESS SIGNATURE (Optional)*