

Outside Service Provider Form

The Texas Tech Child Development Research Center utilizes this form whenever a parent/guardian requests that a non-CDRC service provider (such as a therapist) be allowed to work with their child in the Center.

Child's Name _____ Classroom _____

Name of Outside Service Provider: _____

Does the service provider have permission to work with your child privately (i.e. without CDRC staff supervision such as in a hallway or separate room)? ☐ Yes - If yes, I understand that CDRC will not be able to supervise/ensure activities occurring with the service provider. ☐ No - all services must take place in the presence of a CDRC staff member.

Authorization relating to Disclosure of Information and Records

I hereby give permission for the TTU Child Development Research Center to disclose and/or transmit the following categories of information and/or a copy of the following records to the service provider listed above for the purpose of providing services:

- ☐ Yes ☐ No Information about my child's enrollment status
- ☐ Yes ☐ No Information about my child's activities and development progress
- ☐ Yes ☐ No Information about my child's attendance
- ☐ Yes ☐ No Other (please specify): _____

This permission will expire upon the written request of the family or upon the child's last day of enrollment in the TTU CDRC.

Parent/guardian signature _____ Date _____

Agreement to Assume Risks and Release CDRC from Liability

I UNDERSTAND THAT I AM BEING ASKED TO READ THE FOLLOWING PARAGRAPH CAREFULLY AND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS PARAGRAPH, I MAY CONTACT THE DIRECTOR OF THE CHILD DEVELOPMENT RESEARCH CENTER AT TELEPHONE NUMBER 806-742-3016.

I understand that the Board of Regents of the Texas Tech University System, Texas Tech University, the TTU Child Development Research Center, and their employees, agents and volunteers (collectively, the "Releasees") do not represent, act as an agent for, or control the conduct of any outside service provider. I have done my own investigation into the qualifications of the service provider and understand any risks inherent in the services to be provided. In consideration of the Center allowing the service provider into its facility, I, for myself, my child receiving the services, our other heirs, our personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Releasees from and against any and all claims or demands of any sort on account of any property damage or personal injury, that the service provider may cause or experience while in the CDRC. This release includes claims based on the negligence of the Releasees, but expressly does not include claims based on their intentional misconduct or recklessness. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Parent/guardian signature _____ Date _____