



Normal Moments

FAMILY AGREEMENT

The undersigned individual, _____, on behalf of the family registered to receive services from Normal Moments, Inc. (**Family representative or I/my**), wishes to receive certain services from **Normal Moments, Inc. (NM)**, primarily through NM volunteers (Volunteers) or other NM agents. As of the time I am signing this Agreement, a child in my family is critically ill, leading me to register with NM. My initials by each paragraph below indicate that I have read, understand, and agree to the terms in this Agreement.

NM SERVICES

_____ I understand that NM is a supportive services organization whose mission is to relieve daily stress for parents of critically ill children. I understand that NM provides urgent services to the Family.

_____ I agree to allow an NM agent, who may be a Volunteer, into the Family home if I request pet, plant, or other home services.

_____ I agree to allow an NM agent, who may be a volunteer, into the hospital and in my child's room if I request support and/or companionship services.

_____ I understand that NM's duties may include care of pets, plants, and personal property within the Family home and that this care may be provided by Volunteers. I understand that NM, its Volunteers and agents are not responsible for medical care or treatment of pets, plants, or property in the Family home.

_____ I understand that NM does not provide medical services of any kind, that NM, its Volunteers and agents are not advocates for the Family or our child, and that NM, its Volunteers and agents are not responsible for medical care or treatment of children. I agree to notify NM immediately if the Volunteer makes any comments that suggest or constitute medical recommendations or medical advice.

_____ I understand that NM does not provide dependent care or perform monetary transactions on behalf of the Family.

_____ (Initials)



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_____ I agree to notify NM when my child's treatment is completed and to reimburse NM for any expenditures related to services provided after such treatment is complete unless otherwise agreed to in writing by NM, including any legal costs required to recover said funds.

CONFIDENTIALITY

_____ I may decide it necessary or helpful to disclose to NM, its Volunteers or agents private, confidential medical and other information. I understand that NM, its Volunteers and agents agree to protect all confidential information and to limit discussion of that information to the "David Coordinator" or other NM Director, and to protect the Family's privacy as well as the privacy of the Family home. I understand that NM agrees not to: allow other individuals who are non-Volunteers any access to the Family home; remove Family property from the Family home (except for pet services or other services requested by the Family that require removal of pets or property from the Family home); and engage in any activity other than that which the Family has requested from NM.

HOLD HARMLESS

_____ **I agree to hold NM, its Volunteers and agents harmless for any injury of any kind that may occur to me, my Family members, my pet(s), or my property in the Family home or on my real property.**

I UNDERSTAND AND AGREE TO THE ABOVE PROVISIONS.

Family Representative Printed Name

Family Representative Signature

Date: _____