



## **REPRESENTATIONS AND WARRANTIES OF CONSERVATOR/PARENT/LEGAL GUARDIAN**

**Comprehensive Autism Related Education (CARE), Inc. (Agency) is required by law to know who the decision makers for its clients are. Please provide the information for your child or conservatee by completing the form below.**

I, \_\_\_\_\_ (parent/legal guardian/conservator's full name) hereby represent, covenant, and warrant the following, all of which are true and correct as of the date signed below:

My full legal name is: \_\_\_\_\_. I am the (Check one that applies):

- Parent/legal guardian
- Conservator

who is seeking the Agency's services for: \_\_\_\_\_ (insert full legal name of the client/minor/conservatee)

***Instructions: Check all boxes that apply to Client and write in 'N/A' if not applicable***

1. \_\_\_\_\_ Client is 18 years of age or older
2. \_\_\_\_\_ Client is under 18 years of age
3. \_\_\_\_\_ Client is conserved. List name(s) of conservator(s): \_\_\_\_\_
4. \_\_\_\_\_ My parental rights have not been terminated by an order of any court
5. \_\_\_\_\_ I have sole legal custody of the Client
6. \_\_\_\_\_ I share joint legal custody of the Client with \_\_\_\_\_ (Include full name of person with joint custody)
7. \_\_\_\_\_ There is no other person, court, or agency that has custody of the Client, or that has been appointed legal guardian of, or conservator of, the Client, or that otherwise has control over the legal, medical, health, education, welfare, financial, or other personal affairs of the Client or that is authorized in any manner to act on behalf of the Client
8. List the full name of any other person, court, or agency that has custody of the client  
\_\_\_\_\_

Attached to this "REPRESENTATIONS AND WARRANTIES OF CONSERVATOR/PARENT/LEGAL GUARDIAN" (this "Document") is a true, correct, and complete copy of the court order appointing the legal guardian/conservator.

CARE, Inc. and its employees and agents may, and will, rely on each of the representations, warranties, covenants, and statements made by me herein. If any of the information contained herein changes after the date hereof, I have a duty to, and will, notify CARE, Inc. as soon as practicable after I have knowledge of such change.

I hereby understand, acknowledge and agree that I shall defend, indemnify, and hold harmless CARE, Inc. (including its predecessors, successors and assigns), and its officers, directors, employees, agents and attorneys, and each of them, from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from any misrepresentations made herein, any errors of fact made herein and any breach of any of the representations, warranties or covenants contained herein, except for injuries and damages caused by the sole negligence of CARE, Inc.



Legal Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_