



## **REPRESENTATIONS AND WARRANTIES OF CLIENT**

**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 by completing the form below.**

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

My full legal name is (first, middle, and last name) \_\_\_\_\_ ("Client") and I seek the Agency's services.

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

1. ☐ I am 18 years of age or older
2. ☐ I make my own legal decisions and I am not conserved
3. ☐ There is no other person, court, or agency that has custody of me, or that has been appointed legal guardian of, or conservator of me, or that otherwise has control over my legal, medical, health, education, welfare, financial, or other personal affairs or that is authorized in any manner to act on my behalf

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.

Client's full name (Print first & last name): \_\_\_\_\_

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

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